

V. LIGHTNER FAMILY DERMATOLOGY
82 Wheaton Ave., Youngsville, NC 27596 (919) 562-8887

PATIENT REGISTRATION FORM

Chart# _____

Full Legal Name: _____ Today's Date _____ / _____ / _____

Address: _____ Name you prefer to be called: _____

_____ Date of Birth: _____ / _____ / _____ Sex: M F

City, State, Zip: _____ Marital Status: Married Single Divorced

Home Phone: _____ Social Security#: _____

Work Phone: _____ Primary Physician: _____

Cell Phone: _____ Other _____ Referring Physician: _____

PATIENT EMPLOYMENT: Employed Retired Student Disabled Other _____

Employer/School: _____
Name Address Phone

EMERGENCY CONTACT: In case of emergency, whom should we notify?

_____ Name Phone Relationship

GUARANTOR/RESPONSIBLE PARTY Same as Patient (skip to next section)

Name: _____ Relationship to Patient: _____

Address: _____ City, State, Zip: _____

Date of Birth: _____ / _____ / _____ Employer: _____

Home Phone: _____ Work Phone: _____

PRIMARY INSURANCE: Same as Patient (skip to next section) Same as Guarantor (skip to next section) Other

Name of Insurance Company: _____

Name of Policy Holder (Insured): _____ Relationship to Patient: _____

Insured's Date of Birth: _____ / _____ / _____ Home Phone: _____

Insured's Address if different from above: _____
Street City State Zip

Employer: _____
Name Address Phone

(continue on other side)

SECONDARY INSURANCE: [] None [] Same as Patient [] Same as Guarantor [] Other

Name of Insurance Company: _____

Name of Policy Holder (Insured): _____ Relationship to Patient: _____

Insured's Date of Birth: _____ / _____ / _____ Home Phone: _____

Insured's Address if different from above: _____
Street City State Zip

Employer: _____
Name Address Phone

May we e-mail personal medical information to you? [] yes [] no E-mail address: _____

May we leave personal medical information on your answering machine at home? [] yes [] no

Where would you like us to call for appointment reminders? [] Home# [] Work# [] Cell# [] email

Please present insurance card(s) and photo ID to the receptionist so copies may be made.

In order to establish optimal relations with our patients and avoid misunderstandings regarding our payment policies, our staff is trained to inform you of the financial policies of this office. We accept assignment on many insurance companies upon verification of benefits. If we are unable to verify coverage at the time of your visit, we reserve the right to request payment in full. Once coverage is verified, you need only pay your deductible and/or copay. **PAYMENT IS EXPECTED FROM YOU, AT THE TIME OF SERVICE, FOR "YOUR PART" OF THE CHARGES. WE ACCEPT CASH, CHECK, VISA AND MASTERCARD FOR YOUR CONVENIENCE.**

YOUR INSURANCE IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE CARRIER. Because of the complexities of insurance filing, we offer this service as a courtesy to our patients. We are happy to assist you in any way to assure you receive your benefits; however you are ultimately responsible for timely payment of your bill. You will be billed for any unexpected uncovered services after insurance responds. There is a \$25.00 charge for returned checks.

Uninsured patients or those filing their own insurance are expected to pay in full at the time services are provided. Again, we accept cash, check, Visa or MasterCard. We do not wish to deny services to patients who are truly unable to pay. If you are having a financial crisis, you must make payment arrangements with our Practice Manager before the doctor treats you.

I hereby authorize medical/surgical treatment, care and/or services by Virginia Lightner Family Dermatology, PA to the above named patient.

I hereby consent to the use and disclosure of my protected health care information for the purposes of treatment, payment and healthcare operations.

I hereby authorize payment of medical benefits to Virginia Lightner Family Dermatology, PA when an assigned claim is filed.

I agree that all of the above authorizations are valid indefinitely.

Your signature below indicates you understand and accept this policy.

Patient/Responsible Party Signature

Date