



LONG RIDGE
DERMATOLOGY

PATIENT REGISTRATION
LONG RIDGE DERMATOLOGY

Patient Name: _____ Today's Date: _____
(First Name) (Middle Initial) (Last Name)

Address: _____ Rep Initials: _____
(Street/PO Box) (City) (State) (Zip Code)

Home Phone: () _____ - _____ Work Phone: () _____ - _____ Extension: () _____

Emergency Phone: () _____ - _____ Extension: () _____ Contact Name: _____
Name) (First Name) (Last Name)

Birth Date: ____ / ____ / ____ Sex: M F Marital Status: S M D W S.S. # ____ - ____ - ____

Primary Care Phys: _____ Patient Employer: _____
(First Name) (Last Name)

Employer Address: _____
(Street/PO Box) (City) (State) (Zip Code)

Primary Insurance: _____ Group # _____ Policy/ID# _____

Address: _____
(Street/PO Box) (City) (State) (Zip Code)

Policy Holder Name: _____ Birth Date: ____ / ____ / ____ Sex: M F

Employed At: _____ Address: _____
(Name of Business) (Street/PO Box) (City) (State) (Zip Code)

Secondary Insurance : _____ Group # _____ Policy/ID# _____

Address: _____
(Street/PO Box) (City) (State) (Zip Code)

Policy Holder Name: _____ Birth Date: ____ / ____ / ____ Sex: M F

If this visit is in regard to a **WORKERS COMPENSATION INJURY** or **AUTOMOBILE ACCIDENT** please fill out this information in addition to the above:

Date of Injury: ____ / ____ / ____ Claim # _____ Insurance Co. Name: _____

Address: _____ Claims Adjustor: _____
(Street/PO Box) (City) (State) (Zip Code) (First Name) (Last Name)

Name of Attorney and Law Office/Contact at Employers office: _____

Phone # : () _____ - _____

If in the event my case is not approved, I will be responsible for payment in full to the Physician. Signature _____

I, _____ DO HEREBY GIVE AUTHORIZATION FOR DIRECT PAYMENT TO
LONG RIDGE DERMATOLOGY.
If in the event, services are rendered to me by a Physician or Physician's Assistant, not on my plan, I will be fully responsible for any
and all charges incurred.
I understand and acknowledge that a paper copy of "Notice of Privacy" will be offered upon my request.
(Patient Signature) _____ (Date) _____