PATIENT REGISTRATION

Name: _____ Gender: M/F

Ethnicity: Hispanic or Latino Race: American Indian or Alaska Native Other Race
Other Black or African American White
Native Hawaiian or Other Pacific Islander Asian

(The above information is collected per a government initiative.)

Address: _____ Date of Birth: _____
City: _____ State: _____ Zip: _____ Social Security #: _____
Alternate seasonal address:_____
Telephone- Home: _____ Work: _____ Cell: _____
Email Address: _____
Marital Status: Married Single Divorced Widow(er) Other
Primary Care Physician: _____
Emergency Contact Name: _____Telephone #: _____
Preferred Pharmacy Name: _____Street & City: _____
Employer Name & Address: _____
Telephone: _____

Primary Insurance Name: _____
Insurance ID: _____ Group #: _____
Policy Holder Name: _____
Policy Holder Address: _____ Date of Birth: _____
Policy Holder Telephone #: _____Social Security #: _____
Relationship to patient policy holder: _____
Insurance address: _____ Insurance telephone #: _____

Secondary Insurance Name: _____
Insurance ID: _____ Group #: _____
Policy Holder Name: _____
Policy Holder Address: _____ Date of Birth: _____
Policy Holder Telephone #: _____Social Security #: _____
Relationship to patient policy holder: _____
Insurance address: _____ Insurance telephone #: _____

The information provided above is correct. I will be responsible in full for any charges that are not covered by my insurance carrier(s). I authorize release of any medical information to my primary and referring physicians and consultants if needed, and as necessary to process a claim for payment of medical benefits to Wendy Sadoff MD Dermatology PC. I have received and have had the opportunity to review a copy of the Notice of Privacy Practices.

May we discuss your medical information with another person (circle one)? YES NO
If yes, please print the individual(s) name and relationship to you:

_____

Signature: _____ Date: _____

Mail to: Sadoff Dermatology PC, 31360 Northwestern Highway, Farmington Hills, Michigan 48334 or Fax to: 248.855.3319