

Patient Registration Form

Name: _____ Gender: M / F
Ethnicity: Hispanic or Latino Race: American Indian or Alaska Native Asian
Not Hispanic or Latino Black or African American White
Unknown Native Hawaiian or Other Pacific Islander Other Race

(The above information is collected per a government initiative)

Address: _____ Date of Birth: _____
City: _____ State: _____ Zip: _____ Social Security #: _____
E-mail address: _____ I do not wish to receive emails
Marital Status: Married Single Divorced Widow(er) other
Primary Care Physician: _____
Telephone - Home: _____ Work: _____ Cell: _____
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 of patient to the 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 of patient to the 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**