

PATIENT INFORMATION

Patient Name _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: ____ - ____ - ____ Social Security Number: ____ - ____ - ____
Age _____ Sex: Female / Male Marital Status: _____
Primary Language; English Yes or No Other _____
How did you here about us? Physician, Advertisement, Friend _____

How Can We Contact You? Okay to Call? Ok to Leave Message?

Home Phone Number: _____
Work Phone Number: _____
Cellular Phone: _____
Emergency Contact: _____ Number _____
E-mail address: _____

Employer Information

Employer Name: _____
Work Address: _____
City: _____ State: _____ Zip: _____
Supervisor: _____ Phone _____

Insurance Information

Primary Insurance Company: _____
Policy Holder: _____ Policy Holder Date of Birth: _____
Policy Number: _____ Group Number: _____
Address: _____
City: _____ State: _____ Zip: _____

Secondary Insurance :

Secondary Insurance Company _____
Policy Number: _____ Group Number: _____

Workers Compensation Information

Employer Contact _____ Phone Number _____
Adjuster Name _____ Phone Number _____
Address _____ Adjuster Fax _____
Claim Number _____ Date of Injury _____

Consent for Treatment and Limited Disclosure of Protected Health Information

I have been provided with a "Notice of Privacy Practices". I consent to treatment, and recognize that my private health information may be released to obtain payment from third party payers or to facilitate medical treatment. I consent to photography and use of such photography, without identifiable patient information, for any purpose deemed appropriate by Middle TN Plastic Surgery, P.C. I recognize that I may be responsible for payment of a portion or all costs associated with evaluation and treatment, depending on the provisions of my insurance policies and those of TN state law. In the event legal action is required to obtain payment, I agree to pay reasonable and necessary costs incurred by Middle TN Plastic Surgery, P.C., including but not limited to attorneys fees and court costs.

Patient or Authorized Legal Representative

Date