

**PATIENT INFORMATION – GRAHAM DERMATOLOGY CENTER, P.C.**

Dermatology – Dermatologic Surgery – Laser Surgery – Cosmetic Dermatology

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SS# \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_ Cell: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SPOUSE: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

RESPONSIBLE PARTY: \_\_\_\_\_ PHONE #: \_\_\_\_\_ SS# \_\_\_\_\_

ANY KNOWN DRUG ALLERGIES: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US: Circle one - Phone Book- Radio- Friend- Doctor- Internet

IF REFERRED BY DOCTOR GIVE NAME: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ INSURED: \_\_\_\_\_

POLICY / ID#: \_\_\_\_\_ GROUP NAME AND #: \_\_\_\_\_

First time office evaluation and treatment visits run \$75 - \$175 depending upon the complexity of the visit. Fees are based on the type of service provided and not necessarily based on the time involved. **Procedures are normally performed on the 2<sup>nd</sup> visit.** Payment for services (including co-payments) is due at the time of service. We accept Visa, MasterCard, checks, cash.

**We will file your insurance when you pay at the time of your visit. We are a provider for the following insurance companies:** Aetna, BlueCross-Blue Shield, FirstHealth, HealthChoice, MEDICARE Part B, PPO-Oklahoma, and United Health Care. These insurance patients are expected to pay their unmet deductible and 20% co-pay at each visit. For other insurance full payment at time of service is due. Aetna-HMO requires a referral from your primary physician, dated before your visit. A second payment for products or procedures will be due separately at the time of your visit. We will advise you of charges before performing any procedures. If you have such a procedure performed, these charges are subject to your annual surgical deductible and are due prior to your procedure. If you arrive without ability to pay, we will be happy to reschedule. Please advise receptionist of your situation, before your visit. MEDICARE patients: Your annual deductible of \$131 is due at your first visit this year plus any amount not covered by your other insurance.

Prescriptions can only be filled by phone if the patient has been seen by the doctor within the past three months. There is a \$30 service charge for all returned checks, any re-billing necessary, due to incorrect insurance information furnished to us, and for any missed appointment not cancelled at least 24 hours in advance unless you have a true emergency. All Microdermabrasion and Laser patients must be evaluated by Dr. Graham before procedure is preformed.

*I understand and accept the above office policies. I am responsible for the payment of all professional and administrative fees incurred by myself or my dependents at this office regardless of insurance that I may have. I give permission for Dr. Graham and his associates to treat me or my minor child. I have read, understand and agree to the contents of this form. I authorize my insurance benefits to be paid directly to Graham Dermatology Center, P.C. and I authorize Graham Dermatology Center, P.C. or David Graham, M.D. to release any information to my insurance company upon my written request.*

If you have difficulty with any of the above, please ask our office staff for assistance prior to visit. Also, if you have special medical needs or requests please advise our staff or ask to speak with Dr. Graham.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*PLEASE FILL THIS OUT COMPLETELY, AND FAX TO US @ 405.216.0145 (Edmond ofc) or to 580.234.4862 (Enid office) WITH A COPY OF YOUR INSURANCE CARD, BOTH FRONT AND BACK. IF YOU CANNOT COPY YOUR CARD, PLEASE WRITE YOUR INSURANCE PHONE # HERE: \_\_\_\_\_ THIS WILL HELP US SEE YOU ON TIME, AT YOUR VISIT. THANK YOU! v.5.9.08