

CRANE STREET DERMATOLOGY
1225 Crane Street, Suite 102 · Menlo Park, CA 94025

REGISTRATION

DATE: ____/____/____

PATIENT NAME: (LAST, FIRST, MI) _____

MARITAL STATUS: M DP S W D PATIENT RELATIONSHIP TO INSURED: SELF SPOUSE CHILD

GENDER: _____ BIRTHDATE: (M/D/Y) ____/____/____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOW DID YOU HEAR ABOUT OUR OFFICE? _____ WERE YOU REFERRED BY YOUR PCP? YES NO

PRIMARY CARE PHYSICIAN: _____ EMPLOYER: _____

PLEASE CIRCLE THE PREFERRED WAY TO CONTACT YOU:

CELL PHONE: _____ EMAIL: _____

HOME PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

PERSON FINANCIALLY RESPONSIBLE FOR THIS PATIENT (PRIMARY INSURANCE HOLDER):

NAME (LAST, FIRST, MI.) _____

GENDER: _____ BIRTHDATE: (M/D/Y) ____/____/____

ADDRESS: (SAME AS ABOVE) _____

CITY: _____ ZIP: _____ CELL PHONE: _____

PLEASE SEND A PHOTO OF FRONT AND BACK OF YOUR INSURANCE CARD.

ASSIGNMENT OF BENEFITS, FINANCIAL DISCLAIMER AND RELEASE OF RECORDS. I UNDERSTAND THAT MY SIGNATURE REQUESTS THAT MEDICAL BENEFITS BE PAID DIRECTLY TO CRANE STREET DERMATOLOGY AND AUTHORIZES RELEASE OF MEDICAL INFORMATION NECESSARY TO PAY CLAIMS ON ALL INSURANCE PLANS, INCLUDING MEDICARE. THE PATIENT OR PARENT IS RESPONSIBLE FOR THE DEDUCTIBLE, COINSURANCE, AND NON-COVERED OR COSMETIC SERVICES. INSURANCE COMPANIES ARE CONSIDERED A THIRD PARTY AND YOU MUST AS THE PATIENT OR PARENT BE ULTIMATELY RESPONSIBLE FOR YOUR ACCOUNT. PAYMENT IS EXPECTED AT TIME OF SERVICE UNLESS WE ARE BILLING INSURANCE. INSURANCE INFORMATION OR INSURANCE CHANGES MUST BE PROVIDED PRIOR TO SEEING ANY STAFF MEMBER FOR TREATMENT AT CRANE STREET DERMATOLOGY OR CHARGES WILL BE TREATED AS PRIVATE PAY.

PATIENT OR AUTHORIZED PERSON'S SIGNATURE _____