

# VACAVILLE DERMATOLOGY

Please fax to (707) 446-2775

Prior to your appointment

## PATIENT REGISTRATION

Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Last First M.I.  
Address \_\_\_\_\_  
Street City State Zip  
Home Phone \_\_\_\_\_ SSN \_\_\_\_\_  
Work Phone \_\_\_\_\_ Gender  Male  Female  
Cell Phone \_\_\_\_\_ Marital Status  S  M  D  W  
Date of Birth \_\_\_\_\_ If child, parents' names \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Referred by \_\_\_\_\_ Primary care physician \_\_\_\_\_  
Pharmacy of choice(name) \_\_\_\_\_ Pharmacy Location \_\_\_\_\_

## INSURANCE INFORMATION *(Please present insurance cards to receptionist for copying)*

Primary Insurance Co \_\_\_\_\_ Secondary Insurance Co \_\_\_\_\_  
Relationship to policyholder \_\_\_\_\_ Relationship to policyholder \_\_\_\_\_  
Policy holders **Name, date of birth** \_\_\_\_\_ If Tricare, Sponsor SSN \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Contact person in the event of an emergency \_\_\_\_\_  
Name Phone Relationship

## HOW DID YOU HEAR ABOUT US?

Physician \_\_\_\_\_  www.vacavillederm.com  Vacaville Magazine  
 Insurance \_\_\_\_\_  Yellow Pages  Grapevine / Breeze / Roundup  
 Family/Friend \_\_\_\_\_  Community Parent  Other \_\_\_\_\_

## AUTHORIZATIONS

I hereby consent to Medicare, MediGAP, and other Insurance companies to pay my benefits on my behalf directly to Vacaville Dermatology and Nandan V. Kamath, M.D. for any services provided. I understand that by signing below, I am authorizing all such care as well as collect appropriate payments. In addition, I understand that I am still responsible for any co-payments, co-insurances, and deductibles per my specific insurance policies. Not all services will be covered, including any cosmetic treatments, and I understand that I am fully responsible for such charges. I have read the above payment policy as well as general office policies (separate handout) of Vacaville Dermatology and hereby agree to the Policies.

\_\_\_\_\_  
Signature of Patient/Legal Guardian

\_\_\_\_\_  
Date