

# COSMETIC SURGERY & DERMATOLOGY OF ISSAQUAH, INC.

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VICTOR R. MICHALAK, M.D.

## PATIENT REGISTRATION PLEASE COMPLETE ALL INFORMATION

PATIENT NAME (LAST, FIRST, MIDDLE INITIAL)		<input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHDATE	
STREET ADDRESS		HOME PHONE		
CITY		STATE	ZIP	CELL PHONE
OCCUPATION		EMPLOYER'S NAME & ADDRESS		EMAIL
				WORK PHONE
<b>We make appointment reminder calls as well as at times needing to relay pertinent medical information regarding test results.</b>				
What phone number would you like us to call? _____				
MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> WID <input type="checkbox"/> SEP <input type="checkbox"/> DIV			PATIENT'S SOCIAL SECURITY #	
SPOUSE'S OR PARENT'S NAME (LAST, FIRST, MIDDLE INITIAL)			BIRTHDATE	
			WORK PHONE	
OCCUPATION			EMPLOYER'S NAME & ADDRESS	
			CELL PHONE	
EMERGENCY NOTIFICATION - FAMILY		ADDRESS	PHONE#	RELATIONSHIP
EMERGENCY NOTIFICATION - OTHER		ADDRESS	PHONE#	RELATIONSHIP
WHO WILL BE RESPONSIBLE FOR PAYMENT? <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER				
INSURANCE COMPANY			RELATION TO PATIENT	
SUBSCRIBER		DATE OF BIRTH	SUBSCRIBER'S SOCIAL SECURITY #	

WHO MAY WE THANK FOR REFERRING YOU TO OUR OFFICE?  DEX MEDIA  INTERNET  INSURANCE COMPANY  
 OTHER (INDICATE) \_\_\_\_\_

**ASSIGNMENT OF BENEFITS AND FINANCIAL RESPONSIBILITY:** I hereby authorize my insurance company to pay my benefits directly to this physician. I understand that I am fully responsible for my medical bill and that my account is due and payable at the time services are rendered. **I assume full responsibility for my charges if my insurance requires a referral and I do not have one at the time of service. Cosmetic procedures and/or medically unnecessary treatments are not a covered benefit and will not be billed to your insurance company. Please inquire with the receptionist if you have any questions about whether your treatment is considered cosmetic.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_