COSMETIC SURGERY & DERMATOLOGY OF ISSAQUAH, INC.
295 NE Gilman Blvd., Suite 101 • Issaquah, WA 98027 • Phone (425) 391-2500
VICTOR R. MICHALAK, M.D.

PATIENT REGISTRATION

PLEASE COMPLETE ALL INFORMATION

PATIENT NAME (LAST, FIRST, MIDDLE INITIAL)			BIRTHDATE
STREET ADDRESS			HOME PHONE
			CELL PHONE
CITY	STATE	ZIP	EMAIL
OCCUPATION	EMPLOYER'S NAME & ADDRESS		WORK PHONE

We make appointment reminder calls as well as at times needing to relay pertinent medical information regarding test results.

What phone number would you like us to call? ____________________

MARITAL STATUS ❑ S ❑ M ❑ WID ❑ SEP ❑ 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? ❑ SELF ❑ SPOUSE ❑ 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: ____________________