

Menlo Dermatology Medical Group Patient Information

Dr. Thomas E. Hoffman

Dr. Honor Fullerton Stone

Dr. Jodie L. Bogomilsky

Patient Name _____ Date of Birth _____ Age _____
(Last, First, Middle) Male Female

Address: _____ Street _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

IS IT OK TO LEAVE A DETAILED MESSAGE ON YOUR VOICE MAIL? YES NO

Preferred Phone _____ **Preferred Contact Method** _____

email _____ Preferred Pharmacy _____

Marital Status: Single Married Divorced Widowed Social Security # _____

Employer Name _____ Occupation _____

Student: Full Time Part Time Name of School _____

Members of family also patients in this office _____

Who referred you to our office? (name) _____ Primary Care Physician _____

Friend/Family Physician

Parent, Spouse, or Responsible Party (If different from patient) _____

In Case of an Emergency, please contact _____ Phone: _____

PLEASE PRESENT ALL INSURANCE CARDS TO THE FRONT DESK TO PHOTOCOPY

Name of Subscriber (If different from patient) _____ Relationship to patient _____

Subscriber's Date of Birth _____

DO YOU GIVE OUR OFFICE PERMISSION TO DISCUSS YOUR MEDICAL INFORMATION WITH FAMILY MEMBERS?

Yes No If yes, please provide name _____ Relationship _____

Phone number _____

RECEIPT OF NOTICE OF PRIVACY PRACTICES: My signature below indicates I have been provided an opportunity to review my physicians Notice of Privacy Practices.

PLEASE NOTE OUR BILLING AND INDICATE YOUR ACCEPTANCE OF THESE ITEMS BY SIGNING BELOW:

- We kindly request **24 hours cancellation notice** and reserve the right to charge a **fee** for missed appointments.
- You are responsible for charges applied to your deductible, coinsurance and copay amounts, as well as for non-covered services and cosmetic services.
- You are responsible for payment of services when the required authorization and current insurance ID card are not presented at the time of service.
- You authorize payment of medical benefits to Menlo Dermatology Medical Group & Laser Center Inc.

NOTICE TO CONSUMERS: Medical doctors are licensed and regulated by the Medical Board of California, (800) 633-2322, www.mbc.ca.gov

Patient or Responsible Party Signature _____

Date _____