

PATIENT REGISTRATION FORM

Robin A. Sykes, M.D.

Name _____ I prefer to be called _____ Male Female
Last First MI

SSN ____ - ____ - ____ Date of Birth ____/____/____ Age ____ Single Married Divorced Widowed

Local Address:

Street

City State Zip

Home Phone (____) _____

Work Phone (____) _____

Cell Phone (____) _____

Alternate Address:

Street

City State Zip

Alternate Phone (____) _____

Email _____

Referred by:

Physician: _____

Current Patient: _____

Family/Friend: _____

Television Newspaper Yellow Pages

Seminar Other: _____

Internet:

Jupiter Plastic Surgery Center Website

Looking Your Best.com

Other: _____

Emergency Contact Information

Name _____ Relationship _____ Phone _____

Address _____
Street City State Zip

Spouse Information

Name _____ Date of Birth ____/____/____

Employer _____ Work # _____ Cell # _____

Guarantor Information

Name _____ Relationship _____ Home Phone _____

Address _____ Work Phone _____
Street City State Zip

Insurance Information

Primary Insurance Company Name _____

Secondary Insurance Company Name _____

Insurance is considered a method of reimbursing the patient for fees paid to a physician and is not a substitute for payment. Some companies pay fixed allowances for certain procedures, and others pay a percentage of the charge. It is the patient's responsibility to pay any deductible amount, coinsurance, or any other balance not paid for by your insurance.

To the extent necessary to determine liability for payment and to obtain reimbursement, I authorize disclosure of portions of my medical record. I hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled including Medicare, private insurance, and other health plans to ROBIN A. SYKES, M.D.

This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize said assignee to release all information necessary to secure payment.

Signature _____

Date _____