Dermatology Associates of Georgia

Patient Name _____
Last Name First Name Middle Initial email address

Address _____
Street City State Zip Code Apartment #

Date of Birth _____ **SS #** _____ **Sex - F M** **Marital Status - S M W D**

Home Phone _____ **Work Phone** _____ **Cell Phone** _____
Circle the best day time number

Employer _____ **Occupation** _____

Emergency Contact _____ **Phone** _____

Person responsible for this account if other than self or if patient is a minor.

Name _____ **Relationship** _____ **Date of Birth** _____

Address _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____
Circle the best day time number

Employer _____ **Occupation** _____

Insurance - If you plan to use insurance for your medical services, you must present your current card before your visit. Otherwise, you will be asked to pay for services today and file your own insurance claim.

Name of insurance Co. _____ **HMO**____ **PPO**____ **POS**____ **OTHER**____

Name of Policy Holder _____

SS# _____ **Date of Birth** _____ **Relationship** _____

Name of Secondary Insurance Co. _____

Name of Policy Holder _____

SS# _____ **Date of Birth** _____ **Relationship** _____

Were you referred by a physician? yes no Physician's name _____

If No, how did you hear about us? Yellow Pages Website Family/Friend Other _____

I give my permission for all providers with Dermatology Associates of Georgia, L.L.C. to treat the patient above.

The above information is accurate and complete to the best of my knowledge and is only for use in my treatment, billing and processing of insurance for benefits for which I am entitled. I will not hold my provider or any member of his/her staff responsible for any errors or omissions that I have made in the completion of this form.

A summary of your visit will be available within 3 business days. Please sign here acknowledging that you are aware that this will be available for you to pick up in our office if you choose.

Signature _____ **Date** _____

Decatur
1951 Clairmont Road
Decatur, GA 30033
404-321-4600 • Fax 404-320-0987

Johns Creek
4285 Johns Creek Parkway
Suite A
Suwanee, GA 30024
770-622-4412 • Fax 770-622-4191

DeKalb Medical Center
2665 North Decatur Road
Suite 650
Decatur, GA 30033
404-508-0566 • Fax 404-508-0567

Piedmont
2061 Peachtree Road
Suite 400
Atlanta, GA 30309
404-554-0810 • Fax 404-554-0348

Monroe
201 Michael Etchison Road
Monroe, GA 30655
770-267-5877 • Fax 770-207-4944