

# RENAISSANCE

## PLASTIC SURGERY, P.C.

### PATIENT REGISTRATION

#### PATIENT INFORMATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SOCIAL SECURITY: \_\_\_\_\_ AGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

CAN WE CONTACT YOU AND OR LEAVE A MESSAGE AT THESE NUMBERS?  YES  NO

EMAIL ADDRESS: \_\_\_\_\_

CAN WE SEND CONFIDENTIAL INFORMATION TO YOU?  YES  NO

PATIENT EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHARMACY: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

#### INSURANCE INFORMATION

1<sup>ST</sup> INSURANCE CO: \_\_\_\_\_ INSURED NAME: \_\_\_\_\_

INSURED DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

2<sup>ND</sup> INSURANCE CO: \_\_\_\_\_ INSURED NAME: \_\_\_\_\_

INSURED DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

#### RESPONSIBLE PARTY

RESPONSIBLE PARTY: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR OFFICE? Radio \_\_\_\_\_ Newspaper \_\_\_\_\_ Magazine \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Internet \_\_\_\_\_  
Physician \_\_\_\_\_ Friend \_\_\_\_\_ Family \_\_\_\_\_

I hereby authorize payment directly to Renaissance Plastic Surgery, PC and/or Renaissance Surgical Centre', LLC for any surgical and/or medical benefits due. I further authorize release of any information, photographs, and or slides acquired in the course of my examination and/or treatment to recover such payments. I understand that payment is due at the time of service. I further understand and agree that my insurance is filed as a courtesy and that I am ultimately responsible for any balance due after the insurance company has made payment.

\_\_\_\_\_  
PATIENT SIGNATURE

4030 Riverside Park Boulevard

• Macon, GA 31210

\_\_\_\_\_  
DATE

478-474-2200

• Fax 478-314-0740