

Are you currently under hospice care? Yes No (please circle)

Updated (01/06/2023)

MCCOMB SKIN CLINIC PATIENT INFORMATION

Name: Last First Middle

Preferred Name: Social Security # (required)

Date of Birth: Gender: (please circle) Male/Female

Marital status: (please circle) Married Widowed Divorced Single Primary Language:

Race: (please circle) American Indian or Alaska Native / Asian / African American / Caucasian / Pacific Islander or Native Hawaiian / Other

Ethnicity: (please circle) Hispanic / Not Hispanic Patient Email:

Mailing Address: Street/P.O. Box City State Zip

Preferred Phone Number (please circle) Home Phone: Cell Phone:

Circle Preference for appointment reminders: Text Phone Call

Employment: (please circle) Child / Student / Employed / Retired / Unemployed

Employer: Occupation: Work Phone:

Please list person(s) with whom we may leave messages regarding your Healthcare if we are unable to reach you by phone. (Example: biopsy results, pathology reports, lab reports, prescription requests etc.)

Primary Insurance: Secondary Insurance: Policy Holder Name: Relationship of policy holder to patient Policy Holder's date of birth Policy Holder's address and phone # (if different from patient)

Emergency Contact: (Someone living outside the household) Name: Phone:

Family member(s) who are patients of McComb Skin Clinic:

Financially responsible party (if different from patient):

Name: Address: DOB:

Phone: Social Security #: Relationship to patient:

McComb Skin Clinic participates with Blue Cross Blue Shield, MS State Employee Insurance, Tricare Standard, Medicare, Medigap (supplement) policies, and United Healthcare. If we do not participate with your insurance company, payment must be made at the time of service. If for any reason my account is placed in collections, I agree to pay all cost of collections including but not limited to collection cost, attorneys' fees, and court costs.

Patient signature: Date: