Date ______________________

Cullman Dermatology Clinic, P.C.

Patient Information

Last Name	First	Middle	
Billing Address	City	State	Zip

Birthdate	Occupation	Primary Physician

Employer	Email Address

Home Telephone #	Work Telephone #	Cell Phone #

Married	Divorced	Single	Widowed	Social Security #	Language	Race	Sex M / F	Age

Emergency Contact	Phone Number

Insurance Information

Name of Insurance Company	Policy Number

Group Number	Effective Date	Subscriber's Name Relationship/Dob

Additional Insurance	Policy Number

Group Number	Effective Date	Subscriber's Name Relationship/Dob

Primary Care Physician with Insurance Carrier

Insured / Spouse / Parent

Name	Birthdate	Social Security Number

Employer	Work Telephone Number

Employer's Address

PLEASE SIGN AND DATE BACK PAGE

CONSENT FOR TREATMENT - I consent to necessary treatment, including drugs, medicine, performance of operations, or other studies that may be used by the attending physician, nurse practitioner, his nurse or staff.

AUTHORIZATION FOR RELEASE OF INFORMATION - I authorize Cullman Dermatology Clinic, P.C. to furnish any medical information requested by insurance companies with whom I have coverage, any public agency which may be assisting in payment of my care, or my employer who is providing payment of my medical bills due to an on the job injury.

ASSIGNMENT OF BENEFITS - I hereby authorize payment directly to Cullman Dermatology Clinic, P.C. of benefits otherwise payable to me including major medical insurance and payment of surgical or medical benefits, but not to exceed the charges for these services. I understand that I am financially responsible to Cullman Dermatology Clinic, P.C. for charges not covered by this assignment. I authorize the refund of overpaid insured benefits where my coverages are subject to coordination of benefits.

COMMUNICATION REGARDING MY ACCOUNT - Until my account is finally settled, I give direct consent to receive communications regarding my account from any servicers and any collectors of my account, through various means such as 1) cell, landline, or text numbers that I provide, 2) any e-mail address that I provide, 3) auto dialer systems, 4) voicemail messages and other forms of communications.

GUARANTEE OF ACCOUNT - For services furnished by Cullman Dermatology Clinic, P.C. I hereby guarantee the payment of all accounts for services rendered. For payment of said accounts for services I hereby waive all claims of exemption under the State of Alabama and agree to pay if necessary, all costs of collection, including attorney's fees.

Outside labs may be used resulting in separate billing from that facility.

Signature: ______________________________________ Date: ________________