

MID AMERICA SKIN HEALTH VITALITY CE
 PO BOX 775580
 ST LOUIS, MO 63177-5580
 (314) 621-7750

Date

Patient Account #

Appt Time

Appt Reason

Patient Due Balance

Patient Name		Date of Birth	Social Security #	
Street Address			Email Address	
City	State	Zip Code	Home Telephone	
Employer Name		Cell Phone Number	Work Phone Number	

PRIMARY INSURANCE INFORMATION

Insurance Company Name	Copay Amount	Group Name or #	ID #
Insurance Company Claims Address			
City	State	Zip Code	Telephone
Policy Holder's Name (if other than patient)		Social Security #	Date of Birth
Address			
City	State	Zip Code	Telephone
Policy Holder's Employer		Employer's Group Plan	

SECONDARY INSURANCE INFORMATION

Insurance Company Name	Copay Amount	Group Name or #	ID #
Insurance Company Claims Address			
City	State	Zip Code	Telephone
Policy Holder's Name (if other than patient)		Social Security #	Date of Birth
Address			
City	State	Zip Code	Telephone
Policy Holder's Employer		Employer's Group Plan	

EMERGENCY CONTACT & OTHER

Emergency Contact Name/Relationship		Home Phone	Work Phone	Cell Phone
Address		City, State, Zip		
Referring Physician	Pri Care Provider	Pharmacy Name	Address	Phone Number

ASSIGNMENT OF BENEFITS AND INFORMATION RELEASE:

I hereby assign all medical and/or surgical benefits, to which I am entitled to MID AMERICA SKIN HEALTH VITALITY CE. This assignment remains in effect until revoked by me in writing. A facsimile or photocopy of this assignment is to be considered valid as an original. I hereby authorize said assignee to release all information necessary to secure payment. I consent to the release of information by MID AMERICA SKIN HEALTH VITALITY CE and my health insurance and/or payor to MID AMERICA SKIN HEALTH VITALITY CE, and its employees/representatives to facilitate peer review and of my treatment including utilization and quality management. I understand that MID AMERICA SKIN HEALTH VITALITY CE will maintain the confidentiality of this information at all times. I understand that I am financially responsible for all charges whether or not paid by said insurance. I understand that my medical insurance is a contract between myself and the insurance company and/or my employer. MID AMERICA SKIN HEALTH VITALITY CE is not a party to said contract. I understand that I am responsible for legal and/or collection fees necessary to settle my account, should it become delinquent.

SIGNED:

DATE: