

Laughlin Plastic Surgery, LLC  
127 Lubrano Drive, Suite 102  
Annapolis, MD 21401  
410-224-2020

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: F M

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ SS#: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason for Today's visit: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Marital Status: Single Married Divorced Widowed

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Did you receive a copy of the HIPPA notice? Yes \_\_\_ No \_\_\_ Do you give permission to leave a voicemail? Yes \_\_\_ No \_\_\_

**Insurance Info:**

Primary Health Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

Group#: \_\_\_\_\_ Subscriber: Self \_\_\_ Spouse \_\_\_ Other \_\_\_

Subscriber's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Secondary Health Insurance Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Group #: \_\_\_\_\_ Subscriber: Self \_\_\_ Spouse \_\_\_ Other \_\_\_

Subscriber's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

All patients are required to complete our registration form, provide us with a valid medical insurance card and a photo ID, as well as new insurance cards as they become available. We accept assignment of insurance benefits as a courtesy to our patients; however the balance is your responsibility. Deductibles applied by your insurance, not covered by another insurance, will also be your responsibility. Please be aware that some services provided may not be covered and may not be considered medically necessary, under Medicare and other insurances. Patients will be responsible for payment in full at the time of visit, unless valid insurance is presented. All copayments are to be paid at the time services rendered.

I HAVE CAREFULLY READ AND UNDERSTAND AND AGREE TO THE OFFICE POLICY OF LAUGHLIN PLASTIC SURGERY, LLC.

\_\_\_\_\_  
Signature of Patient or Parent/Legal Guardian (if under 18)

\_\_\_\_\_  
Date