

Tarrant Dermatology Consultants, PA.
 1622 Eighth Avenue, Suite 100
 Fort Worth, TX 76104
 817-927-2332

Dermatology Associates of Parker County
 912 Foster Lane, Suite 200
 Weatherford, Tx. 76086
 Toll Free: 1-866-768-3376
 817-489-6789

PATIENT INFORMATION		(PLEASE PRINT)		TODAY'S DATE	
Last Name	First Name	Middle Initial	Drivers License		

Birthdate	Age	Marital Status: Single Married Widowed			SEX: M F
Resident Street		City	State	Zip	

Home Phone	Work Phone	Other Phone	Social Security #
------------	------------	-------------	-------------------

Employer	Occupation or Student Pt Ft
Email Address: _____ Email correspondence will be used for appointment confirmations and other practice information.	Please tell us how you were referred to our office: Friend (Name) _____ - Internet - Yellow Pages - Newspaper – Postcard Mailer – Email – Physician Other: _____

(THIS SECTION **MUST** BE FILLED OUT IF THE PATIENT IS **NOT** THE POLICY HOLDER)

Last Name	First Name	Middle Initial	Drivers License		
-----------	------------	----------------	-----------------	--	--

Birthdate	Age	Marital Status: Single Married Widowed			SEX: M F
Resident Street		City	State	Zip	

Home Phone	Work Phone	Other Phone	Social Security #
------------	------------	-------------	-------------------

Employer	Occupation or Student Pt Ft
----------	-----------------------------

Emergency Information: (Nearest Relative Not Living with You):

Name	Home Phone	Work Phone	Relationship to Patient
------	------------	------------	-------------------------

PLEASE SHOW THE RECEPTIONIST YOUR INSURANCE CARD(S)

Primary Insurance Co.	Secondary Insurance Co.
Policy#/ Group#	Policy#/ Group#
Policy Identification #	Policy Identification #
<u>Referring Physician Name and Phone</u> _____	If a referral is required; have you obtained one? Yes No

AUTHORIZATION FOR TREATMENT, PAYMENT AND INFORMATION RELEASE

I consent to treatment necessary for the care of the patient indicated on this form. Authorization is hereby granted to Tarrant Dermatology Consultants to release information such as medical records that may be necessary to process and complete my claim. I hereby authorize

Tarrant Dermatology Consultants, PA.
1622 Eighth Avenue, Suite 100
Fort Worth, TX 76104
817-927-2332

Dermatology Associates of Parker County
912 Foster Lane, Suite 200
Weatherford, Tx. 76086
Toll Free: 1-866-768-3376
817-489-6789

payment of medical benefits to be paid directly to Tarrant Dermatology Consultants, PA for services rendered. Despite the risk that information transmitted through fax communication devices and over the internet may be intercepted or inadvertently transmitted to people not authorized to receive the information. I hereby authorize the transmission of my medical record, or any part thereof, through facsimile (fax) communication devices and over the internet. Additionally, I understand that some procedures / services performed by the physician (s) may not be covered by my insurance plan. If services are not covered, I understand and agree to be financially responsible for payment for such services.

Patient (If over 18) Parent of Guardian Signature

Date