



# PATIENT INFORMATION SHEET

**Welcome to our practice! Please print clearly the following information:**

Patient Name \_\_\_\_\_  
First Middle Last Maiden Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Male  Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Patient's Cell Phone (\_\_\_\_) \_\_\_\_\_ How should we contact you? \_\_\_\_\_

Status:  Minor  Single  Married  Divorced  Widowed  Separated Race: \_\_\_\_\_

E-mail Address \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Emergency Phone (\_\_\_\_) \_\_\_\_\_

Referring Physician \_\_\_\_\_ Primary Care Physician \_\_\_\_\_

Employer Name \_\_\_\_\_ Work Phone Number (\_\_\_\_) \_\_\_\_\_

**Please indicate your health insurance carrier:** Workers Comp  Yes  No No-Fault  Yes  No

**Primary Carrier** \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Insurance Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Network \_\_\_\_\_ PPO \_\_\_\_\_ EPO \_\_\_\_\_ Network referral needed? \_\_\_\_\_

Name of Subscriber \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Subscriber Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Subscriber Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Subscriber Employer Name \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

**Secondary Carrier** \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Insurance Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Subscriber \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Subscriber Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Subscriber Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Subscriber Employer Name \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

**How did you learn about Dr. Honeycutt and Advanced Surgical Arts Center? Please check all that apply:**

- \_\_\_\_\_ told me about Dr. Honeycutt.
- My doctor, \_\_\_\_\_ referred me.
- Facebook.
- I was looking for a board certified plastic surgeon.
- I noticed your yellow Pages ad in the \_\_\_\_\_ phone book.
- Billboard, Airport Ad, Off The Wall (which one?) \_\_\_\_\_
- Newspaper or magazine (which one?) \_\_\_\_\_
- Internet, Google, etc. \_\_\_\_\_
- Television Commercial.
- Other \_\_\_\_\_

**MAY WE THANK YOUR FRIEND/DOCTOR FOR REFERRING YOU TO OUR OFFICE?**

- Yes, you may send a thank you.**
- No, I prefer you do not send a thank you.**

**PLEASE READ AND SIGN THE FOLLOWING:**

I directly assign all medical/surgical benefits to Advanced Surgical Arts Center, D'Arcy A. Honeycutt, M.D., and understand I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I further agree that a photocopy of this agreement shall be as valid as the original.

**Sign Here:** \_\_\_\_\_

**Date:** \_\_\_\_\_