PATIENT INFORMATION

Name:_____________________________________

Address:___________________________________

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Date of Birth:______________________________

Telephone Number:_________________________

Email Address:______________________________

May we send you offerings via mail/email?❍yes❍no

Emergency Contact Information:

Name:_____________________________________

Relationship:_______________________________

Telephone Number:_________________________

INSURANCE INFORMATION

Insurance Company:___________________

Address:______________________________

____

Telephone Number:___________________

Insured:_______________________________

Insured Date of Birth:_________________

Insured SSN:_________________________

Relationship to Patient:________________

Policy Number:______________________

Group Number:______________________

SECONDARY INSURANCE

Insurance Company:___________________

Policy Number:______________________

Group Number:______________________

OFFICE/FINANCIAL POLICY

I hereby assign all medical and/or surgical benefits, to include major medical benefits to which I am entitled, including Medicare and other government sponsored programs, private insurance, and other health plans to The Body Serene, and Dr. Gregory Bolton Jr. I understand that I am financially responsible for all office and emergency room charges whether or not paid by said insurance. I hereby authorize said assignees to release all information necessary to secure payment and assume liability for collection costs. Whether or not my insurance company pays in full, a portion, or no portion of my medical bills, is a matter between me and my insurance carrier. Unless other arrangements have been made, any unpaid balance is due within 30 days of treatment. Payment is accepted in the form of cash, credit card, check, or money order. I agree to promptly pay all charges when billed for medical services rendered and accept legal responsibility for any and all charges for payment. I hereby give my permission to have the appropriate photographs taken for the purpose of completing records and treatments. These records are confidential and will not be presented without both my permission and The Body Serene or Dr. Gregory Bolton Jr's permission.

Signature____Date:_________