

# CENTER FOR ADVANCED DERMATOLOGY

## Adult Registration Form

### Patient's Information:

Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
First Middle Last Month Day Year

Mailing Address: \_\_\_\_\_  
Street /P.O. Box City State Zip Code

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
(Automated appointment reminder system calls **primary** number.  Check here if you do not want any reminder calls)

Gender \_\_\_\_\_ Name you prefer to be called by: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_ Who referred you to us: \_\_\_\_\_

### Responsible Party's Information (party responsible for payment – please complete if different from Patient Information):

Name: \_\_\_\_\_  
First Last Address City State Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### Insurance Information (required for processing an insurance claim on your behalf):

**Primary** Insurance Carrier: \_\_\_\_\_ ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Insured (Guarantor): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Secondary** Insurance Carrier: \_\_\_\_\_ ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Insured (Guarantor): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

### As part of our efforts to adopt an electronic records system, please provide the following information:

**Race** (please circle one): White, American Indian, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or Other

**Preferred Language:** \_\_\_\_\_

**Ethnicity** (please circle one): Hispanic or Latino, Not Hispanic or Latino, or Unknown

I understand that I will be responsible for any monies (deductibles, co-pays, etc.) due that are not paid by my insurance.

Patient Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Please present your insurance card(s) and your photo identification to the receptionist. The receptionist will make a copy and return them to you promptly.  
Thanks for your cooperation.**