

PLASTIC AND RECONSTRUCTIVE SURGERY

BOARD CERTIFIED, AMERICAN BOARD OF PLASTIC SURGERY

PHONE: (847) 234-9464

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LFPLASTICSURGERY.COM

**NEW PATIENT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

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

Sex: Male Female (FTM) Marital Status: Single Married Widowed Divorced Separated

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Business Address \_\_\_\_\_

Name of Parent or Spouse (circle one) \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

Referred By \_\_\_\_\_ Reason For Today's Visit \_\_\_\_\_

**INSURANCE INFORMATION**

Primary Care Physician (PCP) \_\_\_\_\_

Primary Insurance Company \_\_\_\_\_ Circle One: HMO POS PPO Other

Group Name or # \_\_\_\_\_ Identification # \_\_\_\_\_

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

Insured Social Security# \_\_\_\_\_ Insured Employer \_\_\_\_\_

Patient's Relationship to Insured \_\_\_\_\_

**FINANCIAL POLICY**

- A fee is charged for all consultations and payment is requested at the time of your visit.
- It is the policy of this office to send insurance forms directly to the insurance carrier; therefore, it will be necessary that the statement below be signed.
- Upon payment from your insurance carrier, the balance to be paid by you will be due within 30 days. If, however, your insurance carrier has not paid within 90 days, you are then responsible for prompt payment. A rebilling fee will be charged for patient balances not paid within 60 days.
- **A 30% collection fee will be added to any account unpaid and sent to our collection agency.**
- Cosmetic surgery fees and charges for services not covered by insurance are due one week prior to surgery.
- **Cosmetic surgery cancellation policy:** 20% of cosmetic fees paid one week prior (to hold a spot on the schedule) are **non-refundable** if the surgery is cancelled within one week of the date of surgery, and *not rescheduled within one month* of the original date of surgery.
- There is a 2% surcharge on any credit card charges over \$1000 (to help offset higher surcharges that we must pay).
- Fees for medical reports to attorneys vary with the complexity of the report and are due in advance of the issuance of the report.

**INSURANCE AUTHORIZATION AND ASSIGNMENT**

I hereby authorize Dr. Steinwald to furnish information to insurance carriers concerning my illness and treatments and I assign to Dr. Steinwald all payments for medical services rendered to myself or my dependents. I understand that I am responsible for any amount not covered by insurance.

SIGNATURE \_\_\_\_\_



DATE \_\_\_\_\_

Member

AMERICAN SOCIETY OF PLASTIC SURGEONS