



Sun Valley Skin Center

Name: _____
Last First M.

Nickname: _____ Title (circle one): Mr. Mrs. Ms. Miss Dr.

Address: _____
Street Apt. PO Box

_____ City State Zip

Date of Birth: _____ Social Security Number: _____

Home phone: _____ Work phone: _____ Mobile phone: _____

E-mail address: _____

Emergency contact: _____
Name Relationship Phone number

How did you hear about us: Patient Website Physician Other _____
Name

INSURANCE INFORMATION: Primary Insurance Company _____
Identification # _____ Group # _____

Name of Policy Holder _____ Employer _____
Date of Birth _____ Relationship to patient _____

IF POLICY HOLDERS ADDRESS IS DIFFERENT THAT ABOVE PLEASE INFORM A STAFF MEMBER

AT THIS TIME PLEASE PRESENT INSURANCE CARDS AND A PHOTO ID TO THE RECEPTIONIST

NO SHOW/LATE CANCELATIONS. When you schedule your appointment, we reserve this time solely for you. We do not overbook our practice. If you do not show for an appointment or cancel with less than 24 hours notice, you may be charged a late fee. We will waive the cancellation fee once and it should be considered a warning. For every cancellation or no show thereafter, you will incur a \$40 fee. If you show up 10 minutes late for your scheduled appointment, you may need to be rescheduled for another time. This is not covered by any insurance carrier.

NOTICE OF PRIVACY PRACTICES. I have received a copy of PRACTICE'S Notice of Privacy Practices on this or a prior occasion. (Please initial): _____

Patient / Guardian Signature

Date