

# Blue Ridge Dermatology Associates, P.A.

4225 Macon Pond Rd., Ste 300 Raleigh, NC 27607 • 1110 S.E. Cary Parkway, Ste 100 Cary, NC 27518 • 919-781-1050

**PLEASE PRINT**

**Today's Date:** \_\_\_\_\_ **Name you like to be called:** \_\_\_\_\_

Mr.	Mrs.	Ms.	Dr.
<b>First</b>	<b>Middle</b>	<b>Last</b>	<b>Suffix</b>
<b>Street</b>		<b>Marital Status:</b> M S D W	<b>Sex:</b> M F
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Date of Birth:</b>	<b>Age:</b>	<b>Social Security #</b>	
<b>Home Phone #</b>	<b>Work Phone #</b>		<b>Ext.</b>
<b>Cell Phone #</b>	<b>Email Address:</b>		
<b>If College Student, Permanent Mailing Address:</b>			
<b>Race (Please circle one):</b> White Black/African American Asian American Indian or Native Alaskan Native Hawaiian/Pacific Islander			
<b>Ethnicity (Please circle one):</b> Hispanic/Latino Non-Hispanic/Latino			
<b>Preferred Language (Please circle one):</b> English Spanish Other: _____			
<b>Other Information</b>			
<b>Name of Previous Dermatologist:</b>		<b>Phone:</b>	
<b>Insurance Information</b>			
<b>Primary Insurance Plan Name:</b>		<b>Name of Employer Issuing Insurance:</b>	
<b>Policy Holders Name &amp; Date of Birth:</b>		<b>Patient Relationship to Policy Holder:</b>	
<b>Secondary Insurance Plan Name:</b>		<b>Name of Employer Issuing Insurance:</b>	
<b>Policy Holders Name &amp; Date of Birth:</b>		<b>Patient Relationship to Policy Holder:</b>	
<b>Authorization to File Insurance</b>			
<p>You herein authorize payment of medical benefits by your insurance carrier to the physician when an assigned claim is filed.                  This authorization shall be valid until rescinded in writing or replaced by one at a later date.                  (TO FILE INSURANCE, YOUR SIGNATURE IS REQUIRED BELOW)</p>			
Signature of patient ( or legal guardian if a minor )		Date	
<b>Parent/Guardian and/or Financially Responsible, If Applicable (if different from patient)</b>			
<b>First</b>	<b>Middle</b>	<b>Last</b>	<b>Suffix</b>
<b>Street</b>		<b>Date of Birth:</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Social Security #</b>