DERMATOLOGY ASSOCIATES OF MCLEAN, LTD.

WILLIAM J. ALMS, M.D. NINA M. FISHER, M.D.

PLEASE PRINT

DATE

Mr. Mrs. Ms. Miss Dr. | PATIENT'S LAST NAME | FIRST NAME | INITIAL

DATE OF BIRTH | AGE | SOCIAL SECURITY NO. | SEX M F

ADDRESS | CITY, STATE | ZIP

HOME PHONE ( ) | CELL PHONE ( )

REFERRED BY | FAMILY DOCTOR

OCCUPATION | EMPLOYER | WORK PHONE ( )

EMERGENCY CONTACT NAME | RELATIONSHIP | WORK PHONE ( ) | HOME PHONE ( )

INSURANCE INFORMATION

PRIMARY INSURANCE | ID # | GROUP #

POLICY HOLDER NAME (IF DIFFERENT FROM PATIENT) | DATE OF BIRTH | RELATIONSHIP TO PATIENT

HOME PHONE ( ) | WORK PHONE ( ) | CELL PHONE ( )

ADDRESS (IF DIFFERENT FROM PATIENT) | CITY, STATE | ZIP

SECONDARY INSURANCE | ID # | GROUP #

POLICY HOLDER NAME (IF DIFFERENT FROM PATIENT) | DATE OF BIRTH | RELATIONSHIP TO PATIENT

HOME PHONE ( ) | WORK PHONE ( ) | CELL PHONE ( )

ADDRESS OF INSURANCE COMPANY | CITY, STATE | ZIP

FINANCIALLY RESPONSIBLE PERSON IF DIFFERENT FROM INSURANCE HOLDER

NAME | HOME # ( ) | WORK # ( ) | CELL # ( )

ADDRESS (IF DIFFERENT FROM PATIENT) | CITY, STATE | ZIP

We do not participate with any insurance except Medicare. We ask for this insurance information to provide an accurate claim form for you to submit to your insurance company. We keep insurance information on file in order to identify your insurance company if they should call with questions regarding your claim. We also need this information to comply with federal laws which regulate charges to patients with Medicare and Tricare (Primary or Secondary) and retired Federal Employee Health Benefits (age 65 or older). We file claims only for Medicare and Primary Tricare patients. If you have any questions, please speak with one of our staff members.

Thank you.