BARBER
Facial Plastic Surgery

Patient Registration Form

Legal Name: _____ Preferred Name: _____

Date of Birth: ____/____/____ Sex: ☐ M ☐ F Marital Status: ☐ S ☐ M ☐ W ☐ Div ☐ Sep

Social Security #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Patient's Employer: _____

Work Phone #: _____ Occupation: _____

Work Address: _____

Spouse's Name: _____ Spouse's Employer: _____

Spouse's Occupation: _____ Spouse's Work #: _____

Emergency Contact Information

Emergency Contact Person: _____ Emergency Phone #: _____

Address: _____

Relationship to Patient: _____

Insurance Information

Insurance Company: _____

Policy #: _____ Group #: _____

How did you hear about us?

☐ Friend or Family ☐ Our Website ☐ Internet ☐ TV ☐ Radio ☐ Billboard

☐ Dr. Referral ☐ Magazine ☐ Drive-by

Patient Name_____ **Date of Birth**_____

(Please Print)

Pursuant to the information contained in the Notice of Privacy Practices. I give permission for the use and disclosure of Protected Health Information (PHI) in order to carry out Treatment, Payment, and Healthcare Operations (TPO) as provided for below and otherwise in writing. I am aware that I have the right to review the Notice of Privacy Practices, Patient Bill of Rights, and Behavior Expectations for Treatment which are posted in the lobby, prior to signing this consent. Should any of these policies be revised, I am aware that I may obtain a copy of the revised form by contacting the Medical Director of this facility.

☐ I consent to Barber Facial Plastic Surgery and/or their agents contacting me by **TELEPHONE** (including prerecorded/artificial voice messages, use of automatic dialing device and leaving voice messages, as applicable) to confirm appointments, schedule procedures, discuss billing and payment issues and/or payment arrangements, discuss lab results and other matters which help conduct treatment, payment and healthcare operations. The telephone number(s) to be used for these purposes are: _____

☐ I consent to Barber Facial Plastic Surgery and/or their agents contacting me by **TEXT MESSAGE** to confirm appointments, schedule procedures, discuss billing and payment issues and/or payment arrangements, discuss lab results and other matters which help conduct treatment, payment and healthcare operations. The telephone number(s) to be used for text messages is/are: _____

☐ I consent to Barber Facial Plastic Surgery and/or their agents contacting me by **EMAIL** to confirm appointments, schedule procedures, discuss statement balances, billing and payment issues and/or payment arrangements, discuss lab results and other matters which help conduct treatment, payment and healthcare operations. The email address to be used for these purposes is: _____

I understand that communications exchanged by telephone, text, or email will not be encrypted, may not be secure and could result in a breach of my PHI and/or a third party obtaining access to my PHI. Notwithstanding these risks, I consent to communications by the methods I have selected above (if any). Further, by requesting or sending any communication to Barber Facial Plastic Surgery, I give my consent for return communication using the same method used by me regardless of whether it was selected above and/or by any of the methods I have selected above.

This consent is effective until revoked by me in writing except disclosures made in reliance upon my prior consent. Additionally, I give my permission for release of my PHI to the following people:

_____

Appointment and Financial Policies

Cancellations or reschedules require advance notice to avoid fees. Surgery consults canceled within 48 hours incur a $100 fee; no-shows, $150. All other appointments (nurse, skincare, spa) canceled within 24 hours incur a $35 fee; no-shows, $50. CoolSculpting cancellations or no-shows within 24 hours are $100; a credit card is required to book, and missed appointment charges are non-refundable. To cancel or reschedule, call 251-344-7474 (voicemail accepted after hours). Do not cancel or reschedule via email, website, or social media.

Payments for all cosmetic services are paid in advance. We accept cash, in state checks, and credit cards in your name. For surgical services, payment is due 2 weeks prior to your surgery.

For insurance eligible charges, I directly assign all medical/surgical benefits to Barber Facial Plastic Surgery and understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize Barber Facial Plastic Surgery to release all information necessary to secure the payment of benefits. I further agree that a photocopy of this agreement shall be as valid as the original.

Any outstanding balance greater than 60 days past due is subject to collection turnover. You will be charged a collection rate of 33.3% of the balance, plus the balance due, plus any legal fees and all court costs associated with any outstanding balance that is turned over to a collection agency. A credit report may be requested for the purpose of collecting any past due balance and your delinquent debt may be reported to any credit bureau.

I have read, understand and agree to the disclosure and policies above.

Signed_____ Date _____

(Patient or Legal Guardian)