

Plastic Surgery Specialists of New Jersey

75 North Maple Avenue
Ridgewood, New Jersey 07450

Patient Information

Name _____ Soc. Sec.# _____

Address _____

City _____ State _____ Zip Code _____

Sex: M__F__ Age _____ Birthdate _____ Marital Status _____

Patient Employed by _____ Occupation _____

Business Address _____ Work Phone _____

Referred by: Friend _____ Internet Site _____ MD _____

Cell Phone _____ Home Phone _____

Email address _____

Emergency Contact _____ Phone _____

Primary Insurance

Person responsible for account _____

Insurance
Company _____

ID # _____ Group # _____

Assignment and Release

I, the undersigned certify that I (or my dependent) have insurance coverage with _____ and assign directly to Dr. Frank J. Ferraro, MD all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Signature: _____ Date: _____