

Plastic Surgery Specialists of New Jersey

2 Sears Drive
Suite 103
Paramus, New Jersey 07652

Patient Information

Name _____ Soc. Sec.# _____

Address _____

City _____ State _____ Zip Code _____

Sex: M ___ F ___ Age _____ Birthdate _____ Marital Status _____

Patient Employer _____ Work Phone _____

Referred by: Friend _____ Internet Site _____ MD _____

Cell Phone _____ Home Phone _____

Email address _____

Emergency Contact _____ Phone _____

Primary Insurance

Insurance
Company _____

ID # _____ Group # _____

Assignment, Release, and Disclosure

I, the undersigned certify that I (or my dependent) 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. I have been notified that Dr. Ferraro is an out of network provider and I am responsible for the deductible and copay. Dr. Ferraro has discussed the details of payments related to my procedure and associated costs.

Signature: _____ Date: _____