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_____Realself_____Google_____201 Magazine____My Doctor__

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. I understand that Dr. Ferraro is non participating in all insurance plans. Cpt codes and costs will be made available to me upon request. Anesthesia and facility are in network unless otherwise noted. I understand I will be occasionally contacted through unsecured email, phone call, or by text message regarding my health care and appointments. As a patient you have the right to have a chaperone present if you choose.

Signature:_____Date:_____