

Great Bay Plastic Surgery

Jerome Sepic, M.D., PLLC

(T) 603.334.6800

(F) 603.334.6868

Patient Registration

Plastic Surgery

Patient Identification Area

MR#:

Visit #:

Name:

DOB:

**Patient Health Insurance**

Insurance Plan: \_\_\_\_\_

ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Subscriber/employer: \_\_\_\_\_

Ins. Address: \_\_\_\_\_

Ins. Phone: \_\_\_\_\_

I request that payment of authorized medical benefits be made on my behalf for services rendered. I authorize the holder of medical information about me to release to the Centers for Medicare and Medicaid Services (CMS) and its agents, or any other insurer, any information needed to determine those benefits payable for related services. A copy or system generated printout of this release will be valid as the original form. I acknowledge and agree that I am responsible for any co-payments, deductibles, and any balances associated with services I receive that are deemed not covered by my insurance.

—————> Sign Here <————— \_\_\_\_\_  
Patient, Parent or Subscriber's Signature