NPS
NORTHSHORE
PLASTIC SURGERY

Patient Information

Today's Date:_____

Name: (First)_____(MI)_____(Last)_____
I prefer to be called: _____
Date of birth: ___/___/_____ Age: ____ Social Security #: _____ Marital Status: M S W D Sep

Home Address: _____
City: _____ State: _____ Zip: _____
Home phone: ( ) _____ Work phone: ( ) _____ Cell phone: ( ) _____
Email: _____

Emergency Contact:
Name: _____ Relationship: _____
Home phone: ( ) _____ Cell/Work phone: ( ) _____
Address: _____
City: _____ State: _____ Zip: _____

Employer: _____ Occupation: _____

Referred by: _____ **How did you hear about us? _____**

What is your primary area(s) of concern?_____

Are there other areas that bother you?_____

What procedure(s) are you interested in knowing more about?_____

What is your preferred payment method?

Cash/Check Credit card Financing

Financial Policy

Unless prior arrangements have been made with your doctor, we ask for full payment for your office care at the time office services are rendered. We accept cash, cashiers' check, money order, personal check, MasterCard, Visa, and Discover.

All procedures are to be paid in full prior to surgery on the day of your pre-op. There is a processing fee of $25.00 on all returned checks.

I have read and understand this explanation of the financial policy of Northshore Plastic Surgery, LLC and agree to accept responsibility as described.

Adult Patient/Guarantor: _____Date: ____/____/_____