COMBS
PLASTIC SURGERY
& AESTHETICS
GREGORY L. COMBS, M.D. P.C.

Whom can we thank for referring you? ☐ DR_____ ☐ Friend_____

☐ Our Website ☐ Google + ☐ Search Engine_____ ☐ Facebook

Would you like to receive our monthly specials/promotions? YES _____ NO _____

PATIENT INFORMATION

Name_____ Email _____

Marital Status (circle) S M D W Date of Birth_____ Age_____Sex_____ SS # _____

Mailing Address_____ Home Phone ( )_____-_____
Street

_____ _____ _____ Cell # ( )_____- _____
City **State** **Zip Code**

Patient's Employer _____ Work phone: ( )_____-_____

Occupation _____

Spouse/Parent _____ Spouse/Parent Phone # ( )_____ -_____

Primary Insurance Co. _____Phone ( )_____-_____

Address_____Co-Pmt $_____

Subscriber Name:_____ ID #_____ Group #_____

Secondary Insurance Co. _____ Phone ( ) _____-_____

Address_____

Subscriber Name: _____ID #_____ Group #_____

Responsible Party (Please circle) Self Spouse Father Mother Auto Other

Address_____

In Case of EMERGENCY:
Person to contact (not living with you)_____ Phone( )_____-_____

Worker's Comp/Auto Ins. _____ Phone ( ) _____- _____

Adjuster: _____Claim# _____

Date of injury_____ How injury occurred_____

Reason for this visit: ____Cosmetic _____Injury _____Job related injury _____Auto Accident _____Other

Physician Referral: _____ **Primary Care Physician:**_____

Insurance Authorization **(Please read and sign)**:
I hereby authorize GREGORY L. COMBS M.D., P.C. to furnish information to insurance and Medicare carriers concerning my illness and treatment and I hereby assign to Dr. Combs all benefit payments, basic and major medical services rendered to myself or to my dependents. I understand if I participate in a managed care plan that to receive benefits I must have a valid referral from my Primary Care Physician before being seen by Dr. Combs. If I am seeking care, and no valid referral has been issued, I am responsible for payment of charges related to my care. All collection costs and attorney fees are incurred by patient if not paid as agreed.

Signature_____Date_____