



J. DOUGLAS CUSICK, M.D., F.A.C.S., Inc.  
*BOARD CERTIFIED*  
Plastic, Cosmetic, Reconstructive  
and Hand Surgery

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_ Cell phone#: \_\_\_\_\_

E-Mail address: \_\_\_\_\_ SS#: \_\_\_\_\_ Marital status: \_\_\_\_\_

Name of your primary physician: \_\_\_\_\_

Name of physician or person who referred you: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

**Does your insurance company require a referral form or authorization for care? If so, you must have it at the time of service, otherwise payment is due.**

**POLICYHOLDER / RESPONSIBLE PARTY INFORMATION:**

Name: \_\_\_\_\_ Relation to patient: \_\_\_\_\_

Social security #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Employer name & address: \_\_\_\_\_

Is this workman's compensation? \_\_\_\_\_ Is this an auto accident? \_\_\_\_\_ Date of accident: \_\_\_\_\_

Is an attorney involved? \_\_\_\_\_ Name and address of attorney: \_\_\_\_\_

Primary insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group#: \_\_\_\_\_

Address and phone # of insurance carrier: \_\_\_\_\_

Secondary insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group#: \_\_\_\_\_

Address and phone # of insurance carrier: \_\_\_\_\_

**Contact person in case of emergency:** \_\_\_\_\_

Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_ Cell phone#: \_\_\_\_\_

Other contact person not living with you: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_ Cell phone#: \_\_\_\_\_

**Authorization to release information and authorization of benefits:** I hereby authorize J. Douglas Cusick, MD. to release to my insurance company any information acquired during the course of my examination or treatment I also authorize payment be made directly to J. Douglas Cusick, M.D. I understand that I am responsible for any and all charges not paid by my insurance. Photographs may be taken and used for my record and/or educational purposes.

Patient's signature: \_\_\_\_\_ Date: \_\_\_\_\_

