

Patient Information as of _____ (enter today's date)
(Please Print Legibly & Fill In or Correct All Fields)

Patient's Name

_____ Last _____ First _____ Middle _____
Address _____
_____ Street & Apt # _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Other Phone _____

Any restrictions for contacting you? No Yes E-mail _____

Contact Restrictions: _____ Drivers License # _____
(include State)

Age _____ Birthdate ____/____/____ SS# ____ - ____ Sex Female Male

Marital Status Single Married to: _____ Other: _____

Patient's Employer

Occupation _____

Work Phone _____ Ext: _____ Is it okay to call you at work? Yes No

Address _____
_____ Street & Suite # _____ City _____ State _____ Zip _____

Emergency Contact

(Not in your household)

Relationship to Patient _____

Home Phone _____ Work Phone _____ Other Phone _____

Address _____
_____ Street & Apt # _____ City _____ State _____ Zip _____

Primary Health Insurance Company

Policy # _____ Group # _____ Ins. Phone _____

Referral Required? No Yes Copay? No Yes, \$ _____

Insured: Name _____ DOB _____ Employer _____

Secondary Health Insurance Company

Policy # _____ Group # _____ Ins. Phone _____

Referral Required? No Yes Copay? No Yes, \$ _____

Insured: Name _____ DOB _____ Employer _____

I certify that the information given is true and correct. I hereby authorize treatment for the above named patient. I authorize this office to release medical records to my insurance carriers or others needed to submit a claim. I consent to communication by Email. I consent to photographs and their publications. I request payment of benefits to be made to Larry Weinstein, M.D./ Chester Surgery Center. I understand that I am financially responsible for balances not covered by insurance and a 50% fee will be added to any collection costs. All unpaid balances over 30 days will be charged a monthly \$5.00 service fee. I have signed a copy of Weinstein Plastic Surgery Center's HIPAA Notice Of Privacy Practice, Credit Card Disclosure consent and communication by Email authorization. **I understand that a cancellation fee will be charged unless 48 hours notice is given.**

Signature _____

Date _____

WEINSTEIN PLASTIC SURGERY
Plastic Surgery Associates, PC
Chester Surgery Center, PC

**ACKNOWLEDGEMENT OF READING THE
NOTICE OF PRIVACY PRACTICES**

Patient Name: _____
Date of Birth: _____

Date: _____

I hereby acknowledge that I have read a copy of its Notice of Privacy Practices from Plastic Surgery Associates, PC and Chester Surgery Center, PC.

I understand that the Notice of Privacy Practices sets forth my rights relating to the use and disclosure of my personal health information and explains how Plastic Surgery Associates, PC, and Chester Surgery Center, PC, may use and/or disclose my personal health information both with or without my authorization. I further understand that I may contact the Privacy Officer if I have any questions regarding the contents of this Notice of Privacy practices or to file a complaint about the privacy practices of Plastic Surgery Associates, PC, and Chester Surgery Center, PC.

Patient Consent for use of Credit Cards, Debit Cards, and Financing Disclosure of Protected Health Information

It may become necessary to release your protected health information to financial parties, credit card entities, banks, and financing companies, when requested, to facilitate your payment.

Services that are preformed that are paid with a credit card, debit card, or financing third-party are not eligible for payment challenges after services are provided. By signing this form, I am irrevocably consenting to allow Plastic Surgery Associates, PC, to use and disclose my protected health information to any Credit Card Entity, Bank, or Financing Company when they request such information to process an account and assist with payment.

Signature of Patient or Legal Guardian

Print Patient's Name

Date

We are located at 385 route 24, Suite 3K. If you are using a GPS please put in: Chester Woods Drive, Chester NJ, 07930

We are located in the complex on the corner of Route 24 and Chester Woods Dr.

From South New Jersey- take 287 North to exit 22B. Follow signs to 206 North. Travel straight on 206 North for about 10 miles passing the Chester Diner. At the light, make a right onto 513/24 on Main St. Chester travel through the town and make a right at the Exxon gas station. Travel 1/2 mile and we are at 385 Route 24 Chester across from Gary's Wine and Market Place.

From east by Newark Airport

Take 78 West to route 287 North. Make sure you stay to the left and **do not go on route 24**. When you get to 287 North go two exits and get off on 22B. to route 206 north. Take 206 North for about 10 miles and make right on 24 east 513 after the Chester Diner. Go straight .to the 1st traffic light by the Exxon gas station and make right. Go 3/4 of a mile to Chester Woods on left across the street from Gary's wine and market place.

From North New Jersey

From Route 80 going west to exit 27 to 206 South. Take 206 South past Flanders and go to Main St in Chester and make left on route 24/513. Go through town and make right at the Exxon Gas Station following route 24 for 3/4 of a mile. We are located on the left at Chester Woods across from Gary's Wine and Market Place.

From Morristown

West on old 24 in front of the court house on Washington St. for approximately 7 miles to Mendham. We are located 4 miles west of the Mendham Black Horse Inn on 24. We are across the street from Chester Wine and Market Place. It has a large sign.