

SPRINGFIELD  
3850 S. National, Suite 705  
Springfield, Missouri 65807  
ph: 417-888-0858  
fx: 417-889-0476



HOLLISTER  
590 Birch Street, Suite 2-C  
Hollister, Missouri 65672  
ph: 417-690-3858  
fx: 417-690-3862

PATIENT INFORMATION

DEMOGRAPHICS

LAST NAME FIRST M.I. AGE DOB SSN

ADDRESS CITY/STATE/ZIP

HOME PHONE CELL WORK GENDER (circle one) M F

EMPLOYER OCCUPATION EMAIL

WHO REFERRED YOU? [ ] INTERNET [ ] DERMATOLOGIST [ ] FRIEND/FAMILY [ ] PCP/PHYSICIAN [ ] BUSINESS/INSURANCE

PRIMARY CARE PROVIDER (PCP) PCP CITY PHARMACY NAME & LOCATION

EMERGENCY CONTACT: NAME, RELATION & PHONE NUMBER

Preferred pathology service (Circle one): Cox Mercy Quest

CONSENTS - Please read the following and sign below.

Notice of Health Information Practice: I have read and understand the Notice for Health Information Practice and I acknowledge that the Notice of Swann Dermatology Privacy Practices is on file and I may access it at any time.

Consent to Share Medical Information with Others: I authorize Swann Dermatology and staff to share my healthcare information with the following people. Please understand that if a person is not listed that we can not discuss any medical information with them, no matter their relationship to you.

(Name) (Relationship) (Phone) (Okay to leave detail message) Y N

(Name) (Relationship) (Phone) (Okay to leave detail message) Y N

SIGNATURE OF PATIENT DATE

SIGNATURE OF PARENT/GUARDIAN DATE

# NEW PATIENT HEALTH QUESTIONNAIRE



What is the primary reason for today's visit? \_\_\_\_\_

CHIEF COMPLAINT

TODAY'S DATE

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ADDITIONAL DETAILS

Have you ever had skin cancer?  YES  NO What type? \_\_\_\_\_ When? \_\_\_\_\_

**Current medical conditions** (check any)  Hepatitis  Leukemia  Cancer \_\_\_\_\_  
 Anxiety  Diabetes  Hypertension  Lymphoma  Seizures \_\_\_\_\_  
 Atrial Fibrillation  Kidney Disease  HIV/AIDS  Radiation  Strokes \_\_\_\_\_  
TYPE

**Past surgeries** (check any & write year)  Gallbladder  Kidney  Skin: Basal Cell  
 Appendix  Breast  Heart  Liver  Skin: Squamous Cell  
 Bladder  Colon  Joint  Prostate  Skin: Melanoma

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ADDITIONAL PAST SURGERY DETAILS

**Skin History** (check any)  Eczema  Poison Ivy  Rosacea  
 Acne  Bad Sunburns  Flaking Scalp  Atypical Moles  Wear Sunscreen  
 Actinic Keratosis  Dry Skin  Hay Fever/Allergies  Psoriasis  Used Tanning Beds  
 Atypical Moles  Other \_\_\_\_\_  Other \_\_\_\_\_

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ADDITIONAL SKIN HISTORY DETAILS

**Family History of Melanoma?**  YES  NO Which relative? \_\_\_\_\_

**All Skin Medications:** \_\_\_\_\_

**Other Medications:** \_\_\_\_\_

**Blood Thinners:**  YES  NO (CIRCLE) Aspirin Coumadin Plavix Xarelto Pradaxa Vitamin E Fish oil Garlic

**Drug Allergies:** \_\_\_\_\_

Smoker:  Never Smoked  Former Smoker  Current Smoker \_\_\_\_\_ packs per day.

Alcohol use:  Yes  No Amount \_\_\_\_\_

**Review of Systems** (check any)  Fever or Chills  Headaches  Problems Hearing  Blurry Vision  
 Yeast Infections after antibiotics  Abdominal Pain  Joint Aches  Night sweats  Neck Stiffness  
 GI upset with antibiotics  Problems Healing  Muscle Weakness  Pregnancy  Immunosuppression  
 Pacemaker (year placed: \_\_\_\_\_)  Defibrillator  Joint Replacement  Artificial heart valve  Organ Transplant

**Any other details you think we should know about your health:**

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At Swann Dermatology we are pleased to participate in a large number of different insurance plans. It is our intent that you know your financial responsibility before your appointment. We will be happy to assist you in any way and answer any questions you may have regarding this policy. Our office accepts various forms of payment including cash, checks, and credit cards and Care Credit. We do not offer in house payment plans but will refer you to Care Credit. Checks returned from the bank as non-sufficient will incur a \$20 non-sufficient funds fee. In the event of non-payment you will be responsible for any collection and legal fees associated with the collection of the balance due. The collection fee is 25% of the total balance and will be added to the account if it is turned over to an outside agency.

### **Patient with insurance (not including Medicare)**

Co-pays and deductible will be collected upon arrival. Your insurance carrier will tell us the amount of your unmet deductible to the best of their ability. Overpayment will be refunded after payment is received from the insurance company. Keep in mind that co-insurance amounts are the patient's responsibility and the patient will be billed after insurance payment is received.

- **HMO:** If your insurance company is an HMO and requires a physician-physician referral, please make sure that information has been obtained prior to your visit so your insurance company will cover the services.
- **Dual Coverage:** If you have dual insurance coverage we will file both insurances and any co-pays or deductibles not covered will be collected at the time of service.
- **In-network/Out-of-network:** It is the patient's responsibility to verify network status with your insurance company prior to your appointment. Any charges applied to your out-of-network benefits will be the patient's responsibility.

### **Patients without insurance (Self-Pay)**

Full payment is due at the time of service. If this cannot be done, arrangement must be made prior to your visit by contacting our office. Please note, if you have a procedure, your specimen may be sent out for tissue processing which could prompt an additional bill from the laboratory/pathologist.

### **No Show Policy**

We understand that you may sometimes need to reschedule appointments. We require 24 hours notice to cancel appointments or it will be considered a no-show.

### **Medicare Payment Policy**

We are participating providers of the Medicare program. We will accept assignment on all claims. Patients are responsible for meeting their annual deductible and paying for the 20% co-insurance. We do file with secondary/supplemental carriers. However, in the event that the secondary does not pay the patient will be responsible for the remaining balance.

### **Cosmetic Procedures**

Payment for any cosmetic procedures is due, in full, at the time of service. Certain procedures require a prepayment to hold the appointment. Consultation fees and prepayments are kept as a deposit and will be applied to the patient's procedure with the doctor for a period not to exceed one year from the date of consultation.

I have read all of the above terms and hereby assume responsibility for paying any charges according to these terms.

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Signature

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Date

## Hulston Cancer Building

Garage Parking Available

3850 S National Ave

Ste 705

Springfield, MO 65807



## HOLLISTER LOCATION

590 Birch Rd

Ste 2C

Hollister, MO 65672

