Premier Dermatology
Marie H. Jhin, MD
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San Carlos, CA 94070
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Premier Dermatology
Marie Jhin, MD
55 Hawthorne Street, Suite 520
San Francisco, CA 94105
Tel: 415.371.8600 Fax: 415.371.8603

Patient Name: _____
Last First Middle Initial

Street Address:_____ City:_____ State/Zip:_____

Home Phone:_____Work/Cell Phone:_____

Sex:____ Date of Birth:_____ Occupation/Employer:_____

Social Security #:_____ Email:_____

How did you hear about us/ who referred you?

_____

Responsible Party / Insurance Policy Holder (if other than patient)

Name:_____ Date of Birth:_____

Street Address:_____ City:_____ State/Zip:_____

Home Phone:_____Work/Cell Phone:_____

Relationship to Patient:_____

Acknowledgement of Receipt of Notice of Privacy Policies
(Copy available upon request)

My initials indicate that I have read and understand Dr. Jhin's Notice of Privacy Practices: _____
initials

Payment Policy

Insurance Patients: Your co-payment and any charges for non-covered, cosmetic services will be collected at the time of your visit. You will be responsible for paying your deductible and any additional coinsurance per your insurance policy. There is a charge for acne treatment, Thermage, Sculptra and Laser Hair Removal appointments missed or cancelled with less than 24 hours notice.

Cosmetic Patients: Payment is required, in full, at the time of service.

Your signature below signifies your understanding and willingness to comply with our policies.

_____

Patient/Responsible Party Signature **Date**