

Dermatology Center of Williamsburg
5335 Discovery Park Blvd., Suite A
Williamsburg, VA 23188



Phone: 757-645-3787
Fax: 757-645-3774

PATIENT INFORMATION

Date: _____ Patient SSN: _____ Patient Birthdate: _____
Name: _____ Home Phone: _____
Last Name First Name Middle Initial Cell Phone: _____
Address: _____ Email: _____
City: _____ State: _____ Zip Code: _____
Sex: ☐ M ☐ F ☐ Minor ☐ Single ☐ Married ☐ Long Term Partner ☐ Divorced ☐ Widowed ☐ Separated
Race: ☐ Caucasian ☐ African American ☐ Hispanic ☐ Asian American Other: _____
Employer: _____ Business Phone: _____
Business Address: _____ Occupation: _____
In case of emergency, who should we contact: _____ Contact Phone: _____

PRIMARY INSURANCE

Party Responsible for account: _____
Last Name First Name Middle Initial
Relationship to Patient: _____ Birthdate: _____ SSN: _____
Address: _____ Phone Number: _____
City: _____ State: _____ Zip Code: _____
Responsible Party Employed by: _____ Business Phone: _____
Insurance Company: _____
Subscriber ID#: _____ Group Number: _____

ADDITIONAL INSURANCE

Insured's Name: _____
Last Name First Name Middle Initial
Relationship to Patient: _____ Birthdate: _____ SSN: _____
Address: _____ Phone Number: _____
City: _____ State: _____ Zip Code: _____
Insurance Company: _____
Subscriber ID#: _____ Group Number: _____

ASSIGNMENT AND RELEASE

I authorize the above doctor/PA and/or any provider or supplier of services in this office to release the information required to secure the payment of benefits.

I authorize the use of this signature on all insurance submissions.

I also agree that this provider can communicate with all physicians as deemed necessary by Dr. Corvette.

Signature: _____ Date: _____
Patient/Responsible Party

Notice of Deemed Consent for HIV/Hepatitis Testing

A law was enacted in Virginia in 1989 which authorizes health care providers to test their patients for HIV antibodies and hepatitis, when the health care provider is exposed to the body fluids of a patient in a manner which may transmit human immunodeficiency virus (HIV). Pursuant to this law, in the event of such an exposure, you will be deemed to have consented to such testing, and to have consented to the release of the test results to the health care provider who may have been exposed. However, you would be informed before any of your blood would be tested for HIV antibodies and hepatitis antigen pursuant to this provision, the testing would be explained and you would be given the opportunity to ask any questions you might have.

I have read and understand the above "Notice of Deemed Consent for HIV/Hepatitis Testing". _____
Initial

Print to sign, date, and initial.