CLIENT NAME

3918 Montclair Road, Suite 105 • Birmingham AL 35213
Phone 855.705.1776 • Fax 205.705.3554
www.thedermlab.com
Michael K. Jacobs, M.D. Charles A. Parrish, M.D. Stephen E. Mason, M.D.

PATIENT INFORMATION

PATIENT'S LEGAL NAME (LAST) ***PLEASE PRINT*** (FIRST) (MI)			BIRTHDATE	RACE	MARITAL STATUS S D M W	SEX
*PATIENT'S SOCIAL SECURITY NO.	CHART # / PATIENT I.D.	REQUESTING PHYSICIAN	DIAGNOSIS CODE			

BILLING & INSURANCE

TYPE OF BILLING

- ❑ ACCOUNT / DOCTOR
- ❑ PATIENT
- ❑ MEDICARE
- ❑ UMW MEDICARE
- ❑ RR MEDICARE
- ❑ BLUE CROSS
  STATE ____
- ❑ HMO / PPO
- ❑ COMMERCIAL INS.
- ❑ MEDICAID
  STATE ____
- ❑ WORKMAN'S COMPENSATION

*RESPONSIBLE PARTY / POLICY HOLDER	*DATE OF BIRTH	*RESPONSIBLE PARTY SOCIAL SECURITY NUMBER	
*RESPONSIBLE PARTY BILLING ADDRESS	CITY	STATE	ZIP CODE
*RESPONSIBLE PARTY TELEPHONE NUMBER	RELATIONSHIP TO INSURED ❑ SELF ❑ SPOUSE ❑ OTHER		
*RESPONSIBLE PARTY PLACE OF EMPLOYMENT	EMPLOYMENT ADDRESS	BUSINESS TELEPHONE	

*** PRIMARY INSURANCE COMPANY NAME & BILLING ADDRESS**		*** SECONDARY INSURANCE COMPANY NAME & BILLING ADDRESS**	
NAME STREET POB CITY ST ZIP PHONE#		NAME STREET POB CITY ST ZIP PHONE#	
**CONTRACT/INSURANCE ID #	**GROUP NO.	**CONTRACT/INSURANCE ID #	**GROUP NO.

CLINICAL INFORMATION

SITE	CHECK	MARGINS	CLINICAL DIAGNOSIS, HISTORY - PREVIOUS BIOPSY
1.	Tangential ❑ Punch ❑ Excision ❑ Curettage ❑	❑	
2.	Tangential ❑ Punch ❑ Excision ❑ Curettage ❑	❑	
3.	Tangential ❑ Punch ❑ Excision ❑ Curettage ❑	❑	
4.	Tangential ❑ Punch ❑ Excision ❑ Curettage ❑	❑	
5.	Tangential ❑ Punch ❑ Excision ❑ Curettage ❑	❑	
6.	Tangential ❑ Punch ❑ Excision ❑ Curettage ❑	❑	

DATE COLLECTED		
MO.	DAY	YR.

PHYSICIAN SIGNATURE: ____________________