



2430 Reidville Road
Spartanburg, SC 29301
Voice to Email: 904.664.8644

DATE _____	DATE _____
DATE _____	DATE _____
DATE _____	DATE _____
DATE _____	DATE _____

(Please Print)

Name of Patient _____ Male () Female ()

Social Security # _____ Cell _____ Email _____

Mailing Address _____ Phone _____

Street _____ Work Phone _____

City _____ State _____ Zip _____

Date of Birth _____ Age _____ Single () Married () Widowed () Divorced ()

Occupation _____ Place of Employment _____

Spouse's Name _____ Spouse's Employer _____

Referred by _____ Family Physician _____

List all prescription and non-prescription medications you are now taking: _____

Have you ever been allergic to or had any unusual reaction to local anesthetic such as novocaine, xylocaine or adrenalin? Yes No Do you smoke? Yes No Are you pregnant? Yes No Do you have to take antibiotics before dental work? Yes No Do you take aspirin, anti-inflammatory medications or blood thinners? Yes No Do you have a heart pacemaker? Yes No Are you allergic to latex or iodine? Yes No Do you faint easily or bleed freely? Yes No Has a family member ever had skin cancer? Yes No Have you ever had skin cancer? Yes No

Check anything that applies to you:

- Hepatitis or Liver Disease
- Epilepsy or Nerve Disease
- HIV Infection
- Thyroid or Hormone Disease
- Diabetes
- Major Surgery
- Fever Blisters anywhere on body
- Blood Transfusion
- Stomach or Intestinal Disease
- Blood Vessel Disease
- High Blood Pressure
- Large Scars or Keloids
- Bleeding Disorder or Blood Disease
- Lung Disease
- Heart Disease/Artificial Heart Valve
- Arthritis or Muscle Disease
- Kidney Disease
- Joint Replacement

If you have any allergies please list: _____

What is your skin problem? _____ How long have you had it? _____

I accept financial responsibility for services rendered, and I authorize release of medical information which my insurance company may request. **I have read the office policy printed on the back of this page and understand it.**

Signature of Patient or Signature of Parent if Patient is under 18 _____ Date _____

Fee Policy: To help control cost, we ask our patients to pay the physician's fee at the time service is rendered. We do accept Medicare assignment. If you have Medicare, please let us make a copy of your Medicare card. **All copays are due at time of service.**

Please complete if patient is a dependent child or student:
 Father's Name _____ Employer _____
 Mother's Name _____ Employer _____
 Person responsible for dependent's medical bill _____
 Address _____
 In case of emergency notify _____ Phone _____



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Welcome. It is our pleasure to serve Upstate South Carolina and Southwest North Carolina communities. Please read the following office policies. If you have questions, ask a staff member.

Appointments. Appointments are made by calling 828.894.2473 (NC Office) or 904.664.8644 (SC Office). Please allow 5 to 10 business days for your call to be returned. **This office does not provide after hours and emergency call services.**

Cancellation Policy. If you must cancel your appointment, you must notify the office 24 hours in advance.

Payment. Payment for physician services is due at the time service is rendered, unless other arrangements have been made. Major credit cards are accepted.

Insurance. Dr. Neidenbach participates with Medicare and some (but not all) insurance plans. Please check with the receptionist regarding your insurance. **All copayments (including Medicare coinsurance and deductibles) are to be paid at the time of service.**

Medicare. We do accept Medicare assignment. Medicare replacement plans and Medicare managed care plans may require a referral or prior authorization for services. It is the patient's responsibility to obtain the authorization prior to services being rendered. **The office does not participate with Medicaid or some restrictive health plans. Cash pricing is available upon request.**

Penalties and Fees for Office Billing. Once insurance companies have settled your claim, you will receive a bill for any balance which is considered the "patient's responsibility." This may include deductibles, copayments/coinsurance not paid at the time of service, and any cosmetic/medically unnecessary services denied by Medicare. **Please pay your bill promptly. Second and subsequent bills will be charged a \$5.00 re-billing fee.** Unpaid bills will be turned over for collections. Billing services are through MCR, Inc., Jacksonville, Florida. The phone number for billing questions is **828-894-2473**. Credit cards are accepted.

Returned Check Charge. A \$15.00 service charge for all returned checks.

A copy of this form is available upon request.