**STEPHEN LOBER
PLASTIC SURGERY PC**

p. (706) 369-8440 f. (706) 850-3411
stephenloberplasticsurgery.com
2325 Prince Avenue, Athens, Georgia 30606

PATIENT INFORMATION

PATIENT'S NAME	DOB / /	AGE	SS#
ADDRESS	CITY / STATE/ZIP/COUNTY		PHONE Home
MARITAL STATUS ☐ single ☐ married ☐ divorced	e-mail		PHONE Cell
RACE	SEX		

IF PATIENT IS AN ADULT

PATIENT'S EMPLOYER	OCCUPATION
SPOUSE'S NAME	PHONE
SPOUSE'S EMPLOYER	OCCUPATION

IF PATIENT IS A MINOR OR STUDENT

MOTHER'S NAME	PHONE	MOTHER'S EMPLOYER	OCCUPATION
FATHER'S NAME	PHONE	FATHER'S EMPLOYER	OCCUPATION

INSURANCE

NAME OF GUARANTOR	DOB FOR GUARANTOR	PRIMARY INSURANCE
CARRIER	INSURANCE #	

REFERRING DOCTOR OR SOURCE		
PERSON RESPONSIBLE FOR PAYMENT	RELATIONSHIP	PHONE
EMERGENCY CONTACT	RELATIONSHIP	PHONE

PLEASE NOTIFY RECEPTIONIST OF ANY INSURANCE CHANGES

ASSIGNMENT OF BENEFITS

I HEREBY AUTHORIZED ASSIGNMENT AND PAYMENT DIRECTLY TO STEPHEN LOBER PLASTIC SURGERY PC MEDICAL BENEFITS DUE ME. I HEREBY AGREE TO PAY ANY AND ALL CHARGES THAT EXCEED OR THAT ARE NOT COVERED BY INSURANCE. WE REQUEST FEES FOR OFFICE SERVICES AND VISITS AT THE TIME THE SERVICE IS RENDERED.

SIGNATURE ______________________________ DATE ______________

RELATIONSHIP TO PATIENT ______________________________

REFERRING SOURCE (Name Optional):

____ Physician ______________________________ ____ Web

____ Friend ______________________________ ____ Social Media

____ Former Patient ______________________________ ____ Magazine/Paper

____ Billboard

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