

ANITA MANDAL, M.D. P.A.^(11/12)

PATIENT INFORMATION

Patient Name: Last _____ First _____ M.I. _____ SS# _____
Street Address _____ City /St _____ Zip _____
Mailing Address _____
Phone: Day(_____) _____ Evening(_____) _____ CELL(_____) _____
| Married | Single | Divorced | Widowed Occupation _____ Employer _____
Work Address _____ City/St _____ Zip _____
Email address _____ @ _____ Date of Birth ____/____/____

Nearest Relative NOT Living With You _____ Relationship _____
Phone (_____) _____ Address _____
Emergency Contact _____ Relationship _____ Phone (_____) _____
Address _____ City/St _____ Zip _____
How Did You Hear About Us _____
| Referral _____ | Ad _____
| Internet Search _____ | Other _____

A notice is posted in our waiting room regarding malpractice insurance. "Under Florida Law, physicians are generally either required to carry malpractice insurance or otherwise demonstrate financial responsibility to cover potential malpractice claims for medical malpractice. Your doctor has decided not to carry malpractice insurance. This is permitted under Florida Law subject to certain conditions. Florida Law imposes penalties against noninsured physicians who fail to satisfy adverse judgments arising from claims of medical malpractice."

Full payment for ALL services is due prior to the time of service. Once payment is made, it is non-refundable. We do not participate in health insurance plans. For non-cosmetic services covered by health insurance, we may provide you CPT/ICD-9 codes as a one time courtesy only. All purchased products/items are non-refundable. Prior to scheduling any procedure or surgery, a non-refundable deposit is required. The remaining balance is due at least 10 business days prior to the procedure/surgery. If you cancel your procedure/surgery, all deposits are non-refundable. If you reschedule, there is an additional \$100. You are responsible for all taxes on products & services. If taxes apply, they are NOT included in your quote. 48 hours notice is required to avoid a \$90.00 no show/cancellation fee. For bad checks, a \$25.00 fee plus the amount of the bad check to be paid in cash only is due within 72 hours of notice. For any payments owed to our office, you are responsible for all collection fees, interest, professional and legal fees as well as court costs incurred related to collection of payment. Preparation of reports/letters/documents by physician are not included in your treatment or office visit and are billed at \$400/hour.

My above information is accurate and complete to the best of my knowledge. I agree to notify Dr. Mandal's office in writing of any changes within 24 hours. I understand and agree to abide by the above policies.

_____ /_____/_____
PRINT Patient Name SIGNATURE (Patient/Legal Guardian) Today's Date