

The Galleria Surgery Center
Henry F. Garazo, MD, FACS
Plastic Surgery Services
1140 Conrad Court
Hagerstown, MD 21740
P: 301-791-1800 • F: 301-791-9253
www.plasticsurgeryservices.net

Insurance Information

Patient's Name: _____ Today's Date: _____
First Middle Last

{Primary Insurance}

Name Of Insurance Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Insured's Name: _____ Relation To Patient: _____

Policy/ID Number: _____ Group Number: _____

{Secondary Insurance}

Name Of Insurance Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Insured's Name: _____ Relation To Patient: _____

Group Number: _____ Group Number: _____

Did your injury happen on the job? YES NO

If yes, on what date did the injury occur? _____

Did you report the accident to your employer? YES NO

Our office will file insurance for all reimbursable services, to both your primary and secondary insurance carriers. Please remember that you are responsible for all deductible, co-pay, and non-covered service amounts.

Signature Of Patient Or Responsible Party: _____

Date: _____

I authorize the release of any medical information necessary to process my claim.

Signed: _____
(Patient Or Responsible Party)

Date: _____

I authorize payment of medical and surgical benefits to Plastic Surgery Services, Henry F. Garazo, MD FACS.

Signed: _____
(Patient Or Responsible Party)

Date: _____

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Person or persons to whom Plastic Surgery Services may disclose personal health information regarding treatment on your behalf. The order shall remain in the effect until revoked by me.

Name/Relation: _____ Telephone: () _____

I acknowledge that I have received a copy of the Privacy Notice for Plastic Surgery Services. This refers to the HIPPA Policy which states we cannot give your information out to anyone without your consent.

Printed Name

Signature

Date

Witness



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Cosmetic medical services or procedures of interest to you (please check all that apply)

Cosmetic Surgical Procedures

- Breast Augmentation (Enlargement)
- Mastopexy (Breast Lift)
- Abdominoplasty (Tummy Tuck)
- Gynecomastia (Male Breasts)
- Liposuction
- Face Lift
- Blepharoplasty (Eyelids)
- Breast Reduction
- Forehead Lift
- Rhinoplasty (Nose Reshaping)
- Fat Injections / Lip Enhancement
- Otoplasty (Protruding Ears)

Cosmetic Non-Surgical Procedures

- Botox/Dysport Injection For Wrinkles
- Prevelle Silk/Juvederm Injectable Fillers
- Radiesse Dermal Filler
- Chemical Peels
- Microdermabrasion
- iS Clinical Innovative Facial
- Skin Care Clinic
 - Featuring Bio Medic, Nia24,
SkinCeuticals & iS Clinical
- Latisse

How did you hear about us?

My physician, whose full name is _____

A friend or family member (name) _____

Another person not listed above _____

My insurance company provider directory _____

A seminar where I saw the doctor. The event was _____

An article or ad in _____

The yellow pages (which ad) _____

Internet (which site) _____

