

AESTHETICS & WEIGHTLOSS

3 Mobile Infirmiry Circle • Suite 312 • Mobile, AL 36607 • 251-433-7546

Name _____ DOB _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Marital Status S M W D Social Security # _____

Employer _____ Occupation _____

How did you hear of us? _____

Email Address _____

Emergency Contact _____ Phone Number _____

Relation to Patient _____

Insurance Information:

Medical insurance policies do not typically cover weight management care and related expenses including laboratory testing, electrocardiogram, prescription medication and related supplements. Aesthetics & Weightloss will not present a bill to any insurance company for weight management services or related charges. Receipt of payment will be provided including a charge and description of office visit. The codes used for this purpose may or may not correspond to the codes used by insurance companies.

Patient Statement of Understanding:

I have read and fully understand the above information related to insurance and participation in the Aesthetics & Weightloss program. I have also had the opportunity to ask questions regarding these issues. I am aware that I will receive an appropriate receipt of payment for my personal use as I see fit to do so. I accept these specific policy rules.

Patient Signature _____ Date _____

Patient Name _____

