

# Florida Specialty Medical Services LLC

Dermatology Division

17427-B BRIDGE HILL COURT, SUITE J, TAMPA, FLORIDA 33647

(813) 765-0688  
FAX (888) 731-3365

PATIENT INFORMATION			
NAME (Last, First, Middle)	SS#	BIRTH DATE	SEX
STREET ADDRESS	CITY, STATE, ZIP		
YOUR CONTACT PHONE NUMBER	MARITAL STATUS	SMOKER Y/N?	
PRIMARY CARE PROVIDER	PRIMARY CARE PHONE		
RESPONSIBLE PARTY INFORMATION (If different than above)			
NAME (Last, First, Middle)	SS#	BIRTH DATE	SEX
STREET ADDRESS	CITY, STATE, ZIP		
RELATIONSHIP TO PATIENT			
PRIMARY INSURANCE - MEDICARE PART B ONLY (PLEASE ATTACH A COPY OF YOUR MEDICARE PART B CARD)			
MEDICARE PART B NUMBER			
SECONDARY INSURANCE (if applicable) (PLEASE ATTACH A COPY OF FRONT AND BACK OF INSURANCE CARD)			
NAME OF INSURANCE COMPANY	POLICY #	GROUP #	
ADDRESS OF INSURANCE COMPANY		PHONE NUMBER	
SURROGATE OR POWER OF ATTORNEY (POA) FOR PATIENT (please provide a copy of POA designation)			
NAME		PHONE NUMBER	
ADDRESS	CITY, STATE, ZIP		
RELATIONSHIP TO PATIENT	EMAIL ADDRESS		

SIGNATURE OF PATIENT OR REPRESENTATIVE (POA)

DATE