



Carolina Family Medicine and Dermatology, PA/  
 Carolina Laser and Cosmetic Center  
 Anne L. White, M.D.  
 3000 Bethesda Place Suite 601 & 602  
 Winston-Salem, NC 27103  
 336-659-2663 ● 1-877-WE BOTOX

**COSMETIC PATIENT INFORMATION**  
 Please complete all forms and sign where requested

Name: \_\_\_\_\_  
 Last First Middle

Address: \_\_\_\_\_  
 Street City State Zip

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_  Male  Female Marital Status: W M D S

Social Security Number \_\_\_ - \_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_  
 (This is important for appointment reminder / verification and/or special product offers)

For News letter sign up please check yes or no.

yes  no

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_

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**How did you hear about Carolina Laser and Cosmetic Center?** Please check and indicate name of carrier.

Radio Ad: Station \_\_\_\_\_  Television Ad: Channel \_\_\_\_\_

Newspaper Ad: Paper \_\_\_\_\_  Other: Explain \_\_\_\_\_

**What service are you here for today?** \_\_\_\_\_

**Would you like information about any of the following services?**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Laser Hair Reduction        | <input type="checkbox"/> Laser Vein Treatment | <input type="checkbox"/> Microdermabrasion/Laser Resurfacing  |
| <input type="checkbox"/> Genesis Skin Therapy        | <input type="checkbox"/> Tattoo Removal       | <input type="checkbox"/> Schlerotherapy                       |
| <input type="checkbox"/> Botox                       | <input type="checkbox"/> Collagen             | <input type="checkbox"/> Fillers : Restylane/Perlane/Juvederm |
| <input type="checkbox"/> Permanent Fillers: Artefill | <input type="checkbox"/> Facial Treatments    | <input type="checkbox"/> Skin Tx Skin Care                    |

**Would a Saturday appointment be more suitable to your schedule?** \_\_\_\_\_

**All cosmetic fees and deposits are NON-REFUNDABLE.**

**Authorization for payment to Carolina Laser and Cosmetic Center:** I understand that it is my responsibility to pay all charges when services are rendered. Payments are non-refundable.

**Authorization to release information:** I hereby authorize the physician to release any medical information acquired in the course of my examination/treatment to specific insurance carriers, third party payors and others involved in processing and collection of this claim.

Patient Initials \_\_\_\_\_ Date \_\_\_\_\_

Anne L. White, M.D.  
Carolina Laser and Cosmetic Center

Our “Full Disclosure” Credit Policy

**Please read before signing** If you have any questions please ask our staff. They will be happy to explain and clarify any of the following information.

All payments not covered by verified health insurance are due at the time of service rendered. If for any reason, full payment cannot be made at that time, payment arrangements must be made before leaving the office. For your convenience we also take MasterCard and Visa.

We participate with most of the major insurance companies; we will file your claim as a courtesy to you. However, you will be responsible for payments on the day of service. If you have an insurance balance over 60 days old, the charges will be converted to a personal balance and you will be responsible for payment.

Unpaid balances will be referred to a collection service and will affect your credit rating. If your account is placed with our attorney, you will be responsible for any and all collection fees, usual attorney fees and any cost that this office incurs in attempting to resolve your account.

Finance charges are assessed on personal balances over 30 days old at the rate of 22% APR.

There is a \$50.00 charge for all skin care follow up visits.

There is a **\$100.00** “No Show” or “DNKA”, (Did Not Keep Appointment) fee without a **24-hour cancellation** notice.

There is a \$300/hour telephone consultation fee if you request a telephone consultation with Dr. White during office hours (\$75 per every 15 increments). This fee will also be charged if you request a telephone consultation with Dr. White or the “on call” physician after hours. Insurance will not pay for this and you will be responsible.

Despite the forgoing information, we are happy to have you as a patient and anxious for you to understand your bill and responsibilities, and will be happy to explain any portion of it to you at any time.

Patient Initials \_\_\_\_\_ Date \_\_\_\_\_



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**ACKNOWLEDGEMENT of REVIEW of PATIENT INFORMATION,  
CREDIT POLICY, and PRIVACY NOTICE**

I acknowledge that I have reviewed the following  
information regarding Patient Information, Credit Policy, and  
Privacy Notice provided to me by Anne L. White, M.D.

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature