

# DERMATOLOGY

**AND SKIN SURGERY CENTER, P.A.**

**DEAN R. GOODLESS, M.D.**

410 CELEBRATION PL STE 301, CELEBRATION, FL 34747

APPOINTMENT TIME		APPOINTMENT DATE		REFERRAL/SOURCE		
NAME (LAST, FIRST MI)			DATE OF BIRTH		AGE	
LOCAL ADDRESS			CITY, STATE, ZIP			SEX
HOME PHONE		DAY PHONE		CELL PHONE		
ACCOUNT NO.	EMAIL			SSN		

INSURED		INSURED DOB		RELATIONSHIP		EFFECTIVE FROM	
PRIMARY INSURANCE COMPANY						INS COMPANY CODE	
ADDRESS OF INSURANCE			POLICY NUMBER		COPAYMENT (PATIENT RESPONSIBILITY)		
					AMOUNT:	PERCENT:	
CITY, STATE, ZIP			GROUP NUMBER		DEDUCTIBLE (PATIENT RESPONSIBILITY)		
					AMOUNT:	APPLIED:	
PATIENT BALANCE DUE		FAMILY BALANCE DUE		INSURANCE BALANCE DUE			

PATIENT WILL SEND DETAILS OF INSURANCE VIA  
INSURANCE COVERAGE CONFIRMED

FAX

EMAIL

PLEASE NOTE ANY CHANGES BELOW: