

Plastic Surgery Center of PA

Cosmetic, Reconstructive, Hand, Micro, and Crainofacial

410 Cranberry Street, Unit 310, Erie, PA 16507

(814) 480-8220/ fax (814) 480-8225

Gunnar E.O. Bergqvist, M.D.

Diplomate of the American Board of Plastic Reconstructive Surgery

American Board of Surgery

Patient Name: _____

Date of Birth: _____

Social Security Number: _____

Address: _____

Phone #: _____ Cell# _____

Work #: _____

Primary Care Physician: _____

Employer: _____

Address: _____

Next of Kin: _____

Phone #: _____

Relationship: _____

Other Emergency Contact: _____

Phone #: _____

Relationship: _____

Insurance Carrier: _____

Name of Insured: _____

Relationship: _____ Date of Birth: _____ SSN: _____

Identification #: _____

Group #: _____

I herby authorize any medical/surgical benefits due from my insurance to Plastic Surgery Center of PA. I understand that I am responsible for any balance that is due, before insurance and after insurance. I agree that all the information that I have given is true. I authorize the release of any medical information necessary to process insurance claims.

Signature: _____ date: _____