Emil Shakov, MD, FACS

501 Iron Bridge Rd Ste 9
Freehold, NJ 07728
(732) 845-5001

Patient Registration Form

Patient Information

Name:_____ Date: _____
First Middle Last

Address:_____City:_____State:_____Zip: _____

Age:_____ Birthdate:_____ ☐ Female / Male ☐

Social Security Number:_____Email Address: _____

Home Phone:_____Work Phone:_____Cell: _____

Employer:_____Occupation:_____

Address:_____City:_____State:Zip: _____

Emergency Contact:_____Emergency Contact Phone Number: _____

Primary Insurance

Insurance Company Name Policy ID Number Group Number

Policy Holder's Name Policy Holder's Birthdate Social Security Number
Relationship to Patient: _____

Secondary Insurance

Insurance Company Name Policy ID Number Group Number

Policy Holder's Name Policy Holder's Birthdate Social Security Number
Relationship to Patient: _____

Please have your insurance card and driver's license ready so they can be copied for the clinic's records.

Medicare Patients Only: "I request that payment of authorized Medicare benefits be made on my behalf to The Youth Fountain or Dr. Emil Shakov for any services rendered to me. I authorize any holder of medical information about me to release to the Health Care Financing Administration (HFCA) and its agents any information needed to determine these benefits payable for related services.

Signature_____ Date _____

Non-Medicare Patients: I request that payment of authorized benefits be made on my behalf to The Youth Fountain or Dr. Emil Shakov for any services rendered to me. I authorize any holder of medical information about me to release to my insurer and its agents any information needed to determine these benefits payable for related services.

Signature_____ Date _____

Surgical Assistant Policy

Only the operating surgeon can decide if an assistant is required for the proper conduct of an operation. Some insurance plans do not cover the services of an assistant surgeon, even when requested by the operating surgeon with the patient's best interest and safety in mind. Please be advised that in such cases you will be billed directly for the assistant's services.

Signature_____ Date _____