



PLASTIC & COSMETIC
CENTER OF SOUTH TEXAS

Thomas T. Jeneby, M.D.
7272 Wurzbach, Unit 801
San Antonio, TX 78240

Office (210)270-8595 Fax (210)270-8988

Section I: Patient Demographics

Patient Name: _____ Date: _____

Date of birth: _____ Social Security Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____

Email: _____ Preferred method of contact: Phone Email Mail

The best time to contact me is: _____ AM PM

Check appropriate box: Minor Single Married Widowed Separated Divorced

If student, name of school: _____ FT PT

Place of employment: _____ FT PT

Duties: _____

Emergency Contact: _____ Relation: _____

Phone: _____ Email: _____

May we discuss your procedure with this contact? YES NO

Would you like to receive our e-newsletter? YES NO

Would you like to receive text/email appointment reminders? YES NO

Whom may we thank for referring you to us? _____

TV _____ Radio _____ Social Media _____ Other _____

Section II: Regarding Insurance & FMLA

- **This office is based off elective surgery, therefore, we do not accept any insurance for any procedures.**
- **FMLA** leave is generally not available for purely elective **cosmetic procedures**. We do not guarantee employer approval for FMLA. (We cannot and will not falsify documentation to support your FMLA case.)
- There will be a **\$25 fee**, per individual request, before completing FMLA paperwork.
- We require at least **2 weeks'** notice for FMLA paperwork. We do not guarantee it will be done before the 2 week mark.
- When submitting FMLA, please be sure to complete your portion of the paperwork (work duties, amount of time off.) Also, please be sure to provide us with any additional information we may need to complete your paperwork.

I understand that office visits are payable on the day of service rendered. Regardless of insurance coverage, I am responsible for all bills being paid in a timely manner. I understand that the contract is between Dr. Jeneby and me.

Signature: _____ Date: _____