

**WELCOME TO OUR OFFICE
GENTLE FOOT & ANKLE CARE**

Name: _____

Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Work: _____ Cell: _____

Email Address: _____

Preferred method of contact? Mail Phone Email Other: _____

Sex: M F DOB: _____ Soc. Sec. # _____

Race: _____ Ethnicity: _____ Primary Language: _____

Marital Status: Married Single Divorced Widowed

Employer: _____ Occupation: _____

In case of emergency, contact: _____

Phone #: _____

Primary Care Physician: _____

Phone# & Address: _____

Whom may we thank for referring you to our office:

Physician: ___ Please list doctor's name: _____

Yellow Pages: ___ VAL Pak: ___ Beaumont Referral: ___ Other (please list): _____

INSURANCE INFORMATION

Insured's Name (Subscriber): _____

Insured's DOB: _____

Insured's Soc. Sec. #: _____

Insured's Employer: _____

Relationship to Subscriber: Self Spouse Dependent

I hereby authorize payment directly to Drs. Randy Feldman, Brian Burkardt, Brenda Carnaghi, or Alaa Mansour for medical services, otherwise payable to me under the terms of my insurance company. I also authorize Drs. Feldman, Burkardt, Carnaghi, or Mansour to release any information acquired in the course of my visit to my insurance company to assist in processing my claims. I authorize your office to access any/all of my medical records. I am aware that if my insurance does not cover the services provided to me, I will be responsible for the charges. I will also be responsible for any deductibles or copays under the terms of my insurance policy. I hereby authorize photocopies of this form to be valid as the original.

Signature: _____ Date: _____

**PLEASE GIVE ALL INSURANCE CARDS AND PHOTO ID TO THE RECEPTIONIST TO
BE COPIED. THANK YOU.**