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, Dominic DiPierro or Rachel Samsel for medical services, otherwise payable to me under the terms of my insurance company. I also authorize Drs. Feldman, Burkardt, Carnaghi, DiPierro, or Samsel 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.