

# Warren Podiatry

Podiatrists - Foot Specialists

## WE ARE VERY PLEASED TO HAVE YOU WITH US.

We wish to welcome you to this office. Please answer the questions to help us become better acquainted. If you need any help, please do not hesitate to ask us.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Other \_\_\_\_\_ Social Security No. \_\_\_\_\_

Residence Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Employed By \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Referred By \_\_\_\_\_

What is your chief Foot concern? \_\_\_\_\_

## PERSON TO NOTIFY IN AN EMERGENCY

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Residence Address \_\_\_\_\_ Home Phone \_\_\_\_\_

I hereby give my permission to the doctors of Warren Podiatry to administer treatment and to perform such minor operative procedures as may be deemed necessary, including photographs, in the diagnosis and/or treatment of my foot condition. I authorize the release of any medical information necessary to process any claims as required by my health plan and to pay Warren Podiatry. I have received a Notice of Privacy Practice.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For insurance purposes, / subscribers birthdate \_\_\_\_\_

I UNDERSTAND THAT ALTHOUGH EVERY ATTEMPT IS MADE BY WARREN PODIATRY TO VERIFY MY INUSRANCE PRIOR TO MY VISIT, IT IS MY RESPONSIBILTY TO KNOW MY INDIVIDUAL COVERAGE. IF I AM A MEMBER OF BLUE CARE NETWORK, HAP, MEDICAID OR ANY OTHER REFERRAL BASED INSURANCE GROUP AND I AM BEING TREATED BY WARREN PODIATRY, WITH OR WITHOUT PRIOR AUTHORIZATION FROM MY PRIMARY CARE PHYSICIAN, THE SERVICES PERFORMED TODAY MAY NOT BE COVERED OR PAID FOR BY MY INSURANCE COMPANY. I AGREE THAT I WILL BE RESPONSIBLE FOR ANY CHARGES NOT COVERED BY MY INSURANCE COMPANY.

I AGREE THAT THIS WAIVER IS AND WILL BE VALID FOR ALL DATES OF SERVICE.

\_\_\_\_\_

PATIENT SIGNATURE

DATE

ARE YOU IN NEED OF COMMUNITY SERVICES (I.E.TRANSPORTATION, ETC.)?

YES \_\_\_\_\_NO \_\_\_\_\_

IF YES, PLEASE EXPLAIN \_\_\_\_\_