

Welcome To Our Office

PATIENT INFORMATION (Confidential)

Name (Last) _____ (First) _____ (M) _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Birth Date _____ Social Security _____

Minor _____ Single _____ Married _____ Divorced _____ Widowed _____ Sex _____ Age _____

Patient's/Parent's Employer _____ Work Phone _____

Employer Address _____

Spouse/Parent's Name _____

Employer _____ Work Phone _____

Whom may we thank for referring you? _____

Person to contact in case of an emergency _____

Address _____ Phone _____ Relationship _____

Family Physician _____

INSURANCE INFORMATION

Primary Insurance Company _____ Group # _____ ID/Policy # _____

Name of Insured _____ Address _____

Birth Date _____ Social Security _____

Employer _____ Employer Address _____

Relationship to Patient _____

Secondary Insurance Company _____ Group # _____ ID/Policy # _____

Name of Insured _____ Address _____

Birth Date _____ Social Security _____

Employer _____ Employer Address _____

Relationship to Patient _____

I hereby request and authorize the physicians of Ruskusky Foot and Ankle Clinic, Ltd. to administer treatment and to perform such general procedures as they may deem necessary in the diagnosis and / or treatment of my foot condition. This may include x-rays and / or photographs. I further certify that to the best of my belief and knowledge, the information provided is true and accurate. Each patient, not the insurance company is responsible for payment of all charges to his account at the time services are rendered. I authorize and request my insurance company to pay directly to Ruskusky Foot and Ankle Clinic, Ltd. the amount due me in my pending claim for Medical and / or Surgical services. I understand and agree that my account, if unpaid after 90 days from the date services are rendered, will be assessed a service charge on the unpaid balance at the rate of 1 1/2% per month.

PATIENT'S SIGNATURE _____ DATE _____

(Signature of parent / guardian if patient is a minor)