ADVANCED FOOT & ANKLE SPECIALISTS

Date: _____

Patient Registration Form

Patient: (last,first,MI): _____ Social Security # _____

Address: _____

City: _____ State: _____ Zip Code: _____ Marital Status: S M D W

Telephone Number: _____ Date of Birth: _____

Employer: _____ Work Related: Y / N DOI: _____

Address: _____ Driver License #: _____

City: _____ State: _____ Zip Code: _____ Driver License State: _____

Telephone Number: _____ Cell Number: _____

Emergency Contact: _____ Relation: _____ Phone: _____

REFERRAL INFORMATION

Referring Provider: _____ Phone: _____

Date of Referral: _____ Authorization: __Y / N _ No: _____

FINANCIAL INFORMATION

Responsible Party (Full Name): _____ Social Security # _____

Relationship to Patient: ___Self ____ Spouse ___Parent ___Legal Guardian ___Power of Attorney ___ Other: _____

PRIMARY INSURANCE INFORMATION

(Patient should use Insurance ID Card to complete the following)

(worker's comp carrier and adjuster) Claim Number: _____ or N/A

Insurance Company: _____ Insurance Telephone Number: _____

Policy Holder Name: _____ Policy Holder SS # _____

Relationship to Patient: _____Self _____Parent ____Legal Guardian ____Power of Attorney Date of Birth: _____

Policy Number:_____ Group Number: _____

Mail Claims To: (Name of Organization): _____

Address: _____

City: _____ State: _____ ZipCode: _____

PCP: _____ Phone: _____

SECONDARY INSURANCE INFORMATION

Insurance Company: _____ Insurance Telephone Number: _____

Policy Holder Name: _____ Policy Holder SS # _____

Relationship to Patient: _____Self _____Parent ____Legal Guardian ____Power of Attorney Date of Birth: _____

Policy Number:_____ Group Number: _____

Address to Mail Claims (Name of Organization): _____

Address: _____

City: _____ State: _____ ZipCode: _____

I attest that the information above is correct and that the insurance information noted is the only coverage I have at the current time. Unless recorded above, I have no secondary insurance coverage.

_____(Signature) _____

In order to serve you properly, all information on this form should be filled out completely.
Please provide the receptionist with your Insurance Card(s) and Driver's License. Thank You.