

FOOT & ANKLE CENTER

912 S. Pleasant Valley Road
Winchester, VA 22601

921 E. Main Street
Purcellville, VA 20132

303 Maple Avenue West
Vicana, VA 22180

107 Tavern Road
Martinsburg, WV 25401

PATIENT NAME: _____
 LAST FIRST M.I.

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: HOME: _____ CELL: _____

EMAIL: _____

DATE OF BIRTH: _____ AGE _____ M__F__ SOCIAL SECURITY NUMBER: _____

EMPLOYER OF PATIENT: _____ OCCUPATION: _____ TEL# _____
(if under the age of 18 please list employer of the subscriber of insurance)

EMPLOYER'S ADDRESS: _____

EMPLOYER OF SPOUSE: _____ OCCUPATION: _____ TEL# _____

ADDRESS: _____

INSURANCE COMPANY: _____

ADDRESS: _____

SUBSCRIBER'S NAME: _____ INSURANCE ID# _____

Subscriber D.O.B.: _____

SECONDARY OR SUPPLEMENTAL INSURANCE: _____

ADDRESS: _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME: _____ TEL#: _____

FAMILY PHYSICIAN: _____ TEL#: _____

REFERRED BY: _____ CURRENT COMPLAINT: _____

PERSON RESPONSIBLE FOR PAYMENT: _____

RESPONSIBLE PERSON'S ADDRESS: _____

RELEASE AND ASSIGNMENT:

I hereby authorize the FOOT AND ANKLE CENTER to release to my insurance company information concerning my illness and treatment and hereby assign to the above all payments for medical services rendered to myself or my dependent. I understand that I am responsible for any amount not covered by insurance. I consent to treatment of my condition as indicated by my medical history and the doctor's diagnosis.

Patient or Guardian Signature

Date