| Patient's First Name | Last | Name | |
|--|---------------------------------|----------------------------|---------------------------------------|
| Home Address | City | State | Zip |
| Home Phone () | Work 🗌 () | Cell | |
| Please in | ndicate your number preference | to confirm appointments. | |
| | | | |
| Marital Status: (Please circle) S M | • | | |
| Date of Birth// | | | |
| Email Address | | | |
| Employer Name/Address | | _Occupation | · · · · · · · · · · · · · · · · · · · |
| In addition to the information below | - WE MUST HAVE A COI | PY OF YOUR INSUE | RANCE CARD! |
| Primary Insurance | | | |
| Insured's DOB / / Sex: | | | |
| Secondary Insurance | | | |
| Insured's DOB//Sex: | | | |
| If a patient is a MINOR, please provide | | | |
| Name | Address | , , | |
| | | | |
| REFERRED BY: Dr | Friend | Other | |
| ☐ Website ☐ Insurance Compar | ny Sign Yelp L | ecture Family | I'm a prior patient |
| | | | |
| Please Note- There is a \$65.00 fee for any | y broken, missed, or cance | | |
| is given. | | Pauent iniua | als |
| If you do not provide the correct insurar | nce information at the time | of your visit, we will | be unable to bill your insurance |
| and you will be responsible for your pay | ment in full. | | |
| | | | |
| Co-payments are due at the time of service | | * | • |
| responsible for all charges whether or not p | | | |
| Cards. To avoid late payment fees or finance | e charges all unpaid balance | es are your responsibili | ty within 30 days from the date of |
| Service. | | | |
| Dr.Robinson may inform your other physicia | ans of your podiatric condition | n to facilitate continuity | of care. |
| I here by assign and request that my insura | nce henefits he naid directly | to Douglas Robinson [| OPM_PPC_Lalso authorize the |
| office to release any information required to | process my claim(s). A phot | | tion shall be considered as |
| effective and valid as the original. My signal | | | |
| | | | · · |
| The HIPPA policy is available to review in the | | | · · |