



Medical & Surgical Foot Specialists
 500 N.W. 43rd Street, Suite 2
 Gainesville, FL 32607 • 352-376-5112
 www.gainesvillefootdoc.com

Today's Date: _____

Last Name	First	Middle Int.	Age	Birth Date
Mailing Address				
City			State	Zip
Home Phone		Cell Phone		E-mail
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow/er <input type="checkbox"/> Minor			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Patient or Parent Driver's License #			SS#	
Employed By		Occupation		Work Phone
Spouse/Parent Name				
In case of emergency, contact				Phone
Referral: Whom may we thank for referring you to our office?				

How did you learn about our office: Yellow Pages Website Insurance Book Other

PAYMENT METHOD: Cash Check Credit Card Medicare Insurance

PRIMARY INSURANCE COMPANY:

Name of Insured	SS#	Date of Birth
Relationship to Patient	Employed By	
Work Address/City/Zip	Work Phone	

SECONDARY INSURANCE COMPANY:

Name of Insured	SS#	Date of Birth
Relationship to Patient	Employed By	
Work Address/City/Zip	Work Phone	

Family physician	Phone	Last visit
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MEDICAL RELEASE: I assign the right to payment for all medical benefits directly to Family Podiatry, PA in consideration for medical services and supplied provided pursuant to my health insurance plan. In the event my health insurance plan refuses to pay for provided medically necessary services, I also assign all of the ERISA rights to Dr. Scott Koppel for a full and fair review of any and all denied claims. This ERISA assignment is in consideration for the unpaid services provided and in consideration for the continued willingness of Dr. Scott Koppel to see patients, including myself on an insurance assignment basis. I understand that if my treating doctor prevails in any such payment dispute, I may be liable for co-payment for the contested services. I give consent to release medical information to Dr. Scott Koppel. I give consent to Dr. Scott Koppel to release medical information to other healthcare providers for the purpose of treatment, when necessary for my care. I give consent to Dr. Scott Koppel to send medical information, as necessary, to my insurance plan. ERISA is an acronym for the Employee Retirement Income Security Act. The Employee Retirement Security Act includes federal laws requiring insurance companies to process submitted insurance claims and appealed (denies) insurance claims according to ERISA regulations. The failure to process submitted insurance claims and appealed (denies) insurance claims according to the ERISA regulations may result in fines charged to the insurance company in amounts up to \$100 a day for each infraction.

Printed Name: _____ **Patient Signature:** _____ **Date:** _____