



GOLD CANYON FOOT & ANKLE PINETOP FOOT & ANKLE

Patient Information

Patient's Name: _____ Social Security #: _____

Address: _____

City _____ State: _____ Zip Code: _____

(if different from above)

Home Address: _____

City _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Email Address: _____

Sex: M F Birthdate _____ Age: _____

Marital Status: S M W D Spouses Name: _____

Patient's Employer Name: _____

Address: _____ Phone (_____) _____

Insurance Information

PRIMARY INSURANCE CO.

Name: _____

Address: _____

Policy Holders Name: _____

Relationship to Patient: _____

Employer Name: _____

Address: _____

Phone: _____

Policy#: _____

Group/Claim#: _____

Policyholders Sex: F M Birthdate _____

Copay \$ _____ Deduct \$ _____ Verified _____

SECONDARY INSURANCE CO.

Name: _____

Address: _____

Policy Holders Name: _____

Relationship to Patient: _____

Employer Name: _____

Address: _____

Phone: _____

Policy#: _____

Group/Claim#: _____

Policyholders Sex: F M Birthdate _____

Copay \$ _____ Deduct \$ _____ Verified _____

Lifetime Information Authorization to Release Information

I hereby authorize this physician/clinic to release any information, for insurance purposes, required in the course of my examination or treatment, which shall include HIV, communicable disease or drug abuse information.

SIGNED: _____ Date: _____

(Patient or Parent, if minor):

Authorization to Pay

I hereby authorize payment directly to the business office to this physician/clinic for the surgical and/or medical benefits, if any, otherwise payable to me for services. I understand that I am financially responsible for the charges not covered by my insurance.

SIGNED: _____ Date: _____

(Patient or Parent, if minor):



6820 S Kings Ranch Rd Ste #130
Gold Canyon, AZ 8511
Phone (480) 982-8137
Fax (480) 983-8153

2346 Pine Lake Rd
Pinetop, AZ 89535
Phone (928) 367-4485
Fax (480) 983-8153

Referral Source Question for New Patient Forms

How did you hear about the practice? (circle one)

Google/Internet

Friend/Family

Insurance

Facebook

Phone Book

Doctor Referral (who?) _____

Other _____