

Southwest Foot & Ankle Specialists, P.C.
515 Howard St. Kalamazoo, MI 49008 269-385-1000

PATIENT INFORMATION Please print clearly

Patient First Name _____ MI _____ Last Name _____

Male Female Marital status: Single Married Widowed

Patient Home Address _____

Patient Home Phone _____ Cell Phone _____ Work Phone _____

Patient email address _____

Patient Date of Birth _____ Age _____ Social Security Number _____

If patient is a minor-provide name of parents or guardian _____

Emergency Contact Name _____ Phone _____ Relationship _____

PAYMENT AND INSURANCE INFORMATION Please present your insurance card and picture ID upon arrival

Check here if no insurance _____

Full Name of Insured _____ Relationship to Patient _____

Insured SSN# _____ Insured Date of Birth _____

Insured Employer _____

According to my insurance, I am responsible to pay a Co-Pay Amount \$ _____

Payment will be made today by: Cash _____ Check _____ Visa _____ Mastercard _____

PRIMARY CARE PHYSICIAN

Name _____ Address _____

We appreciate referrals! Whom may we thank for referring you to our office? [check all that apply and please specify names where indicated]:

Internet search [name]	Phone Book [name]	Our Practice Website	Saw our Sign	Insurance plan or Website [name]	Other [explain] Family, friend	Primary care or specialist physician

Assignment And Release

I authorize my insurance benefits to be paid directly to Southwest Foot & Ankle Specialists, P.C. I understand that your office will bill my insurance company as a courtesy and that I am responsible at the time of service for all co-payments, deductibles and non-covered services. I authorize the release of information required to process my claims.

I hereby give permission to Southwest Foot & Ankle Specialists, P.C. to examine, perform diagnostic tests on (labs billed separately by the lab), and treat my foot/feet medically, surgically, and/or orthopedically.

Signature of Patient _____ Date _____

Parent or Guardian _____ Date _____