



Maria J. Bertorello, DPM

Linda Nachmani, DPM

Patient: _____
Last name First name Initial

Responsible Party (if a minor): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Is it OK to leave medical information on phone message? (Yes / No) Which phone number? _____

Email Address: _____ OK to contact you via e-mail ? _____

Social Security: _____ Birth date: _____ Age: _____ Sex: M F

Marital Status: Single Married Widowed Separated Divorced

Employer: _____ Work Phone: _____ Position/Occupation: _____

Emergency Contact: _____ Phone: _____

Primary Care Physician: _____ Last Visit: _____

Referred to our practice by: _____ Heard about our practice by: _____

INSURANCE INFORMATION

Primary Insurance: _____ ID # _____ Group # _____

Street Address: _____ City: _____ State: _____ Zip: _____

Subscriber's Name (if not the patient): _____ Relationship to patient: _____

Social Security: _____ Birth date: _____

Customer/Member Services Phone Number: _____

Secondary Insurance: _____ ID # _____ Group # _____

Street Address: _____ City: _____ State: _____ Zip: _____

Subscriber's Name (if not the patient): _____ Relationship to patient: _____

Social Security: _____ Birth date: _____

Customer/Member Services Phone Number: _____

PLEASE PROVIDE ALL YOUR INSURANCE CARDS TO THE RECEPTIONIST TO BE COPIED.

ASSIGNMENT AND RELEASE:

My signature below authorizes my doctor to release my medical information necessary to process my insurance claims. I authorize that any benefits due me be payable directly to my physicians. I understand that I will be responsible for any remaining balance that I have on my account, in addition to the amount due at the time of service.

Patient's or Responsible Party's Signature

Witness Signature

ACKNOWLEDGEMENT OF RECEIPT
OF
NOTICE OF PRIVACY PRACTICES

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read if I so choose) and understood the Notice.

Patient Name (please print)

Date

Parent or Authorized Representative (if applicable)

Signature