

## **PATIENT INFORMATION SHEET**

DATE:

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n 🗆 Cancer 🗀 Liver			Do you have Artificial Joints? Have you had any Anesthesia Complications? Explain:				
k if applica	ble)						
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## **Ankle and Foot Surgical and Podiatry Clinic**

## **No-Show Appointment Policy**

Patient Name:						
Dear Patient:						
Thank you for choosing Ankle and Foot Surgical and Podiatry Clinic your health care needs. We are committed to providing you w quality care.						
If you are unable to keep your scheduled appointment(s), you need to contact our office (910)295-7400 at least 24 hours in advance Cancellations without at least 24 hours notice may be charged a not show fee of \$50.00.  Cancellation in advanced allows your appointment time to be offered to other patients who may have an urgent healthcare need. We appreciate your understanding.						
Patient Signature	Date					
Witness Signature	Date					

## Ankle and Foot Surgical and Podiatry Clinic

Patient Information	we specified the service of the serv			
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Who referred you to our off	fice:			
Occupation:	Employer:			
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9160	Satient/Guarantor Signature			
Date of Birth:	Social Security#:			
Is this the Guarantor for the	patient:Yes No			

If you would like for Ankle and Foot Surgical and Podiatry Clinic to file your insurance claim please provide your insurance card(s) along with a photo ID. Without your card your claim can not be filed. Payment is due in full at the time you are seen, unless other arrangements have been made with our business office.

By signing below I am authorizing Ankle and Foot Surgical and Podiatry Clinic to release all medical information necessary to process my insurance claim. I authorize payment of insurance benefits to be made to Ankle and Foot Surgical and Podiatry Clinic, unless my account is paid in full. I also understand it is my responsibility to know my insurance benefits and to ensure the following: Provider participation with my insurance policy, and obtaining all proper authorizations from Primary Care Providers when necessary.

Signature Patient/Guarantor	Date		
	fork Piloper ( ) Email:		
Notice of Privacy Policies	and the state of t		
*Privacy Practices are posted in lobby ar	rea* Extra copies of Privacy Practices are available at		
our check in window*	е унизестью		
	ided a copy of the Notice of Privacy Practices and have		
read (or have had the opportunity to read	d) and understand the notice.		
Signature	Date		
Under certain circumstances Ankle and I	Foot Surgical and Podiatry Clinic may need to contact		
	with questions about your account or insurance. If you		
	e on your answering machine? Is there a		
	nkle and Foot Surgical and Podiatry Clinic to be able to		
discuss your medical condition, allow to p	pick-up paper work or prescriptions for you, or be able		
to discuss your insurance claim/account in	nformation with?		
If YES, Whom?	ull Name		
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