

PATIENT INFORMATION

www.midwayfootandankle.com

Dr. Andrew Soo

Patient Name _____ Date _____
(Last) (First) (Middle initial) M F Nickname _____
Single Married Partnership Separated Divorced Widowed

Age _____ Birth date ____/____/____ Social Security ____ - ____ - ____

Street Address _____

City _____ State _____ Zip _____

Mailing address (if different) _____

Primary phone: (____) ____ - ____ Secondary phone: (____) ____ - ____

Employer _____ Occupation _____ FT PT

Spouse/Custodial Parents Name _____

E-mail Address: _____

INSURANCE INFORMATION

Primary Insurance Name _____ ID# _____ Group # _____
Name of Subscriber _____ Relation to patient _____
Date of Birth ____ - ____ - ____ Address: _____ OR Same as above
Subscriber's Employer _____ Phone (____) ____ - ____

Secondary Insurance _____ ID# _____ Group # _____
Name of Subscriber _____ Relation to patient _____
Date of Birth ____ - ____ - ____ Address: _____ OR Same as above
Subscriber's Employer _____ Phone (____) ____ - ____

Is this visit injury related? YES NO IF YES: Date of injury ____/____/____ Work/Auto/Other _____
Employer at time of injury _____
Claim Manager _____ Phone # _____
Claim # _____

In case of an EMERGENCY:

Person to contact _____ Phone (____) ____ - ____

Whom may we thank for referring you to our office? _____

I hereby give my permission for Dr. Soo to examine, photograph, administer treatment and perform minor procedures as may be deemed necessary for my foot and/or ankle condition. I authorize the exchange of my medical records with other treating physicians and as may be necessary to secure payment of benefits. I authorize payments of insurance benefits, including Medicare, directly to my physician. I acknowledge that I am financially responsible for all charges. I understand that in the event that I fail to make payment when due, this account will be referred to a collection agency for collection. In that event, the contingent fee assessed by the collection agency will be added to the principle and interest due. I will also be additionally liable for attorney fees. Both collection agency fees and attorney fees will increase the balance I owe.

Signature : _____ Relationship (if minor) _____