

Prince William Foot & Ankle Center, P.C.

7430 Heritage Village Plaza, Suite 101
Gainesville, VA 20155
(703) 753-3338 Office

South Riding Foot & Ankle Center

25055 Riding Plaza, Suite 220
South Riding, VA 20152
(703) 753-3338 Office

PATIENT INFORMATION:

Date ____/____/____

Last Name: _____ First: _____ MI: ____ Sex: M F

Street Address: _____ City/State: _____ ZIP Code: _____

Home Phone: _____ Cell Phone: _____ Social Security # _____

Birth Date: ____/____/____ Marital Status: Single Married Minor Divorced Separated Widowed Other

EMAIL: _____

Emergency Contact & Phone #: _____ Preferred Pharmacy: _____

Primary Physician (Required): _____ Phone #: _____

HOW DID YOU HEAR ABOUT US?

REFERRED BY: Dr. _____ City/State _____

- | | | |
|---------------------------------|--------------------------|-------------------------|
| Internet Search: Google / Yahoo | Facebook / Yelp / ZocDoc | Previous Patient |
| Other Patient | Phone Book | Newspaper (list): _____ |
| Running Store | One Life Fitness | Insurance |

Please indicate who can call for and/or receive your medical information and sign below:

Name: _____ Patient Signature _____ Date ____/____/____

PRIMARY INSURANCE INFORMATION:

Name of Company: _____ Policy # / Member ID: _____ Group #: _____

Relationship to Patient: _____ Copay: _____

POLICY HOLDER INFORMATION (if different from above):

Last Name: _____ **First:** _____ Middle: _____ Sex: M F

Street Address: _____ City/State: _____ ZIP Code: _____

Home Phone: _____ Cell Phone: _____ Social Security # _____

Birth Date: ____/____/____

SECONDARY INSURANCE INFORMATION (ONLY IF MEDICARE IS THE PRIMARY):

Name of Company: _____ Policy # / Member ID: _____ Group #: _____

Relationship to Patient: _____ Copay: _____

SECONDARY POLICY HOLDER INFORMATION (if different from above):

Last Name: _____ **First:** _____ Middle: _____ Sex: M F

Street Address: _____ City: _____ ZIP Code: _____

Home Phone: _____ Cell Phone: _____ Social Security #: _____

Birth Date: ____/____/____

Over → → → →

Prince William Foot & Ankle Center, P.C. / South Riding Foot & Ankle Center
Private Insurance Authorization for Assignment of Benefits

I, the undersigned, authorize payment of medical benefits to Prince William Foot & Ankle Center, PC for any services furnished to me by the physician. I understand I am financially responsible for any amount not covered by the contract. I also authorize you to release to my insurance company information concerning health care, advice treatment or supplies provided to me. This information will be used for the purpose of evaluating and administrating claim benefits. I permit a copy of this authorization to be used in place of the original.

Financial Policy

Payment or proof of valid insurance is due at the time services are rendered unless payment arrangements have been approved in advance by the Office Manager.

Please read and initial that you acknowledge the following statements (1 – 4):

1. _____ **Full payment is due at the time of services, which may include deductibles, co-insurance and co-payments.**
As a courtesy, we will submit your claim for all services to your insurance company.

2. _____ **Please remember your individual health insurance policy is a contract between you and your insurance company, and we are not a party of that contract.**

3. _____ **Be aware that some of our services may not be covered by your insurance policy. By presenting for care, you agree that you are responsible for all services and charges, regardless of your insurance status.**

4. _____ **Should any provided services not be covered by your insurance, we will not alter your claim, change your diagnosis or report a different service than what was performed in order that your insurance will cover the charge. You will be responsible for the balance.**

If your Insurance Company requires a referral, it is your responsibility to submit a **valid** referral upon checking in with the front desk. If you do not have a valid referral you will be responsible for full payment of services rendered.

Should your account become past due, you will be responsible for any finance charge or legal fees necessary to collect on this account. A Valid Collection Charge of 33% will be assessed if sent to Collections. A fee of \$35 will be assessed for all returned checks.

There is a **\$50.00 fee** for missed appointments and cancellations of less than 24-hours. Patients will be charged a fee of **\$200.00** for any surgical No-Show or a cancellation not made at least 72 hours from the surgery time. This will be your responsibility and will not be charged to your insurance.

Please note that three late cancellations or no-shows, in a rolling 12 month period, may result in your discharge from Prince William Foot & Ankle Center.

Any patient that is more than 15 minutes late for an appointment may have that appointment cancelled by our office in order to keep other patients on schedule.

Acknowledgment of Receipt of Notice of Privacy Practices (HIPAA)

I acknowledge that I was provided a copy of privacy practices and that I have read (or had the opportunity to read) and understand this policy. I am also aware that a notice of privacy practices is posted in the reception area of Prince William Foot & Ankle Center, PC.

***Signature (EVERYONE):** _____ **Date:** ____/____/____

****MEDICARE ONLY**MEDICARE ONLY** Medicare Lifetime Signature on File **MEDICARE ONLY**MEDICARE ONLY****

I request that payment of authorized Medicare Benefits be made either to me or my behalf to Prince William Foot & Ankle Center, PC for any services furnished to me by the physician. I authorize any folder of medical information about me to be released to the Health Care Financing Administration and any agency information needed to determine these benefits or benefits payable for related services.

***Signature (MEDICARE ONLY):** _____ **Date:** ____/____/____

Male Female New Patient Former Patient (L.S. ___/___/___) ref by Dr. _____

Last Name : _____ First Name: _____ Date: ___/___/___

Chief Complaint : _____

Footwear: @Home _____ @Work _____

Location (what area(s) of foot and ankle?): _____

Quality: (describe pain) Dull Ache Sharp Throbbing Numb Electric Stiff _____

Severity: (0 – no pain, 10- the worst) A.M. ___ P.M. ___

Duration: (how long have you had this issue?) _____ (1,2,etc)days _____ weeks _____ months _____ years

Timing: Constant Intermittent Flare-Ups Other: _____

Context: (what causes or aggravates the pain?) _____

Current and Prior Treatment: _____

Diagnostic Testing already done: X-rays MRI Ultrasound Vascular Testing Nerve Testing

Other Related Pain: (Is the pain spreading into other body parts?) Back Legs Knees Hips _____

MEDICATIONS: (dosages or provide a list) _____

ALLERGIES (medications only): **NONE** LATEX, ADHESIVE, PENICILLIN, SULFA, NSAIDS, CODEIN,E IODINE DYE _____

Past and Current Medical History

Weight: _____ lbs Height: _____ ft _____ in Shoe Size: _____

GI Problems: Ulcers Reflux Hepatitis NSAID-related Other _____

Neurological: Strokes Seizures Sciatica CP MS Parkinson's Peripheral Neuropathy Herniated Disc Other _____

Hematological: Anemia Lymphoma DVT Other _____

Respiratory: Lung Problems Asthma Emphysema Other _____

Muscle/Bone: Arthritis Rheumatoid Arthritis Fractures Sprains Fibromyalgia Knee Pain Back Pain Hip Pain _____

Skin: Psoriasis Melanoma Athlete's Feet Warts Skin Cancer Other _____

Endocrine: Diabetes – Type I/II (HBA1C____) Hypothyroidism Gout Other _____

Cardiovascular: Hypertension PVD Cardiac Disease Claudication Aneurysm Artery Block Leg Stent

OBGYN: Pregnant Breast-feeding Hysterectomy Fibroid removal Ovary removal Other _____

Surgical History: (including foot) _____

Family History: Arthritis Asthma Cancer Cardiac Diabetes Kidney Liver Bunions Hammertoes Ingrown Nail
 Neuroma Heel Spurs Other _____

Social History: Occupation (please specify how many hours you stand, walk, and sit.) _____

Tobacco Usage: NONE Never Previous _____ pk/day Current _____ pk/day

Alcohol Usage: NONE Never Rarely Occasional (please select one): _____ drinks/day _____ drinks/week

Marital Status: Minor Single Married Separated Divorced Widowed # of children _____