

**WENTZ FOOT & ANKLE SPECIALISTS
PATIENT INFORMATION**

PLEASE PRINT AND COMPLETE ALL ITEMS

Date _____

Last Name _____ First _____ MI _____

Address _____
Mailing/Street Address City State Zip

Home Phone (____) _____ Cell Phone (____) _____ E-mail _____

Date of Birth _____ Gender M F O Social Security # _____

Marital Status M S D W Spouse's Name _____ Pharmacy _____

Family Physician _____ Referring Physician _____

How did you hear about us? Ad Phone Book Word of Mouth Internet Insurance Other

Employer _____ Work Phone _____ Ext _____

GUARANTOR (Individual responsible for payment of bill)

Last Name _____ First _____ MI _____

Address _____
Mailing/Street Address City State Zip

Home Phone (____) _____ Cell Phone (____) _____ SSN _____

Employer _____ Work Phone (____) _____ Ext _____

PRIMARY INSURANCE (Patients not having proof of insurance at the time of service will be considered self-pay)

Insurance Company _____

Subscriber's Name _____ Subscriber's DOB _____

Subscriber # _____ Group # _____

Is this insurance through the patient's or guarantor's employer? Patient Guarantor NA

Worker's Comp/ Auto Claim Date of Injury _____ Claim # _____

Claims Adjustor's Name _____ Phone (____) _____

SECONDARY INSURANCE

Insurance Company _____

Subscriber's Name _____ Subscriber's DOB _____

Subscriber # _____ Group # _____

Is this insurance through the patient's or guarantor's employer? Patient Guarantor NA

EMERGENCY CONTACT

Name _____ Home Phone (____) _____ Work Phone (____) _____

I hereby authorize Wentz Foot & Ankle Specialists to treat and furnish information to insurance carriers concerning my (or my dependent) medical care and hereby assign to Wentz Foot & Ankle Specialists for these medical services. I understand that I am responsible for payment of medical expenses incurred not paid by insurance. I also understand that I am responsible for all collection costs (including attorney fees, court costs, and collection fees of 30%) should this account be assigned for collections. I accept and understand the responsibility of notifying Wentz Foot & Ankle Specialists of any requirement by my insurance company for preauthorization or referral prior to treatment. I also understand if I fail to get a referral, if necessary, I will be responsible for the charges. I understand I am responsible for checking my insurance benefits. I hereby authorize Wentz foot and Ankle Specialists and its employees, agents, and assignees to contact me via e-mail, text messaging and to my cellular devices using automated telephone dialing systems. As a condition of receiving treatment from Wentz Foot & Ankle Specialists, I agree not to post any information on any online review sites that could be considered libelous. I agree that if I post anything online that could be considered libelous, I agree to pay Wentz Foot & Ankle Specialists attorney fees, and costs expended by them to remove said libelous postings.

Signature of Patient or Authorized Representative _____ **Date** _____