



# MARTIN FOOT AND ANKLE ADULT REGISTRATION FORM

[www.martinfootandankle.com](http://www.martinfootandankle.com)

PODIATRY AND SURGERY OF THE FOOT AND ANKLE

P A T I E N T	Last Name		First Name		M.I.	Patient's Date of Birth		
	Street Address			City	State	Zip Code	Phone No.	
	Social Security No.		Sex		Marital Status			
	Patient's Employer			Spouse	SS#	Date of Birth		
	Work Phone		Patient's Occupation		Spouse's Employer & Work Phone No.			
	E-mail Address			Spouse's Occupation				

In case of an emergency, please provide the following information:  
Nearest friend or relative not living with you in your household. List phone number and relationship to you.

Family Dr.: Name & Address \_\_\_\_\_ Dr's. Phone: \_\_\_\_\_

How did you hear about our office?     Yellow Pages     Patient     Internet     Billboard     Radio  
 Friend/Relative     Referring Doctor: \_\_\_\_\_

I hereby give my permission for all physicians of Martin Foot and Ankle to administer treatment and to perform such procedures as may be necessary for the diagnosis and/or treatment of my foot and/or ankle condition.

Patient/ POA/ Responsible Party Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

### AUTHORIZATION STATEMENT (please read carefully and then sign)

I hereby authorize the processing of the medical insurance either by electronic or manual method of MARTIN FOOT AND ANKLE. My signature below authorizes payment of all major medical and/or surgical benefits to which I am entitled. I further authorize the assignee to release all medical and/or insurance claim information necessary to secure the payment(s). I recognize my financial obligation for payment of any co-insurance or deductible, and non-covered services that may be required. This agreement will remain in effect until revoked by me in writing. A copy of this document is considered as valid as an original.

Payment methods are: Cash, Check, or Credit Card (Debit, Visa, MasterCard, Discover, American Express).

Patient/ POA/ Responsible Party Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

(Over) →

# FINANCIAL POLICY

**Martin Foot and Ankle** wants to provide you with excellent healthcare while controlling costs. To do this, we need your help. We ask that you please read our financial policy below.

- Insurance information needs to be updated at every visit. As a courtesy to you we will submit your charges to your insurance for payment. For us to do this accurately and timely we need to always have your correct information. Please have both primary and secondary insurance cards ready for review at each visit and inform the receptionist of any new information.
- Please provide us with any new address, telephone or employment changes.
- Patients with HMO insurance policies must have a valid referral with them for each visit. It is the patient's responsibility to contact his/her Primary Care Provider for this information. If a valid referral is not present at your scheduled appointment time, we will need to reschedule.
- Copays, coinsurance and deductibles are due at the time services are rendered. Any outstanding balances are also due at this time. We gladly accept cash, checks or credit cards (Debit, Visa, MasterCard, Discover, American Express). Payment is required at each visit. If you are unable to pay your copay at the time of visit, you will be charged a \$10.00 re-billing fee.
- Martin Foot and Ankle wants to provide you with the services you need. We know that sometimes financial problems occur. Payment plans may be made with the billing department directly; however these payments must be made on a timely manner and paid off within 6 months.
- Custom Products: Failure to pick-up custom products within 30 days from initial contact by the office that product has arrived will result in the patient or their responsible party being held financially responsible for the entire purchase price of the custom product. All deposits are non-refundable.
- Patients who do not have insurance will need to pay their entire bill at that appointment, unless payment arrangements have been made ahead of time with the billing department.
- Any bill not paid by the date it is due may be turned over to an outside collection agency. If Martin Foot and Ankle needs to use a collection agency or attorney to collect the unpaid amount, the patient may be responsible for all fees and costs.
- No-Show Policy: Effective August 1, 2008, a \$25.00 charge will be assessed to the patient/guarantor for all no shows. No Show is defined as failure to keep your scheduled appointment and failure to notify our office 24 hours prior to your scheduled appointment. Three No Show occurrences could result in dismissal from the practice.
- Any checks returned by the bank will be charged a \$25.00 return check fee.

Thank you for your cooperation and continued patronage. We look forward to serving you. Please contact us if you have any questions. Our billing department may be reached at (717) 755-8399.

\_\_\_\_\_  
(Patient/ POA/ Responsible Party Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print patient's name)

\_\_\_\_\_  
(Patient's Social Security #)