



# Martin Foot and Ankle

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

# DEPENDENT REGISTRATION FORM

PATIENT'S SOCIAL SECURITY # \_\_\_\_\_

For Patients Under their Parents' Health Insurance

PLEASE PRINT

P A T I E N T	PATIENT LAST NAME		FIRST NAME		MIDDLE	NICKNAME	
	STREET ADDRESS		APT #	CITY	STATE	ZIP CODE	
	TELEPHONE		AGE	DATE OF BIRTH		SEX	
	FATHER'S LAST NAME		FIRST NAME	MIDDLE	MOTHER'S LAST NAME	FIRST NAME	MIDDLE
	STREET ADDRESS		APT #	STREET ADDRESS		APT #	
	CITY		STATE	ZIP CODE	CITY	STATE	ZIP CODE
	SOCIAL SECURITY #		DATE OF BIRTH	HOME PHONE #	SOCIAL SECURITY #	DATE OF BIRTH	HOME PHONE #
	EMPLOYER		WORK PHONE #	EMPLOYER		WORK PHONE #	

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

\_\_\_\_\_ Email Address: \_\_\_\_\_

Family Dr. Name \_\_\_\_\_ Address or Practice Name: \_\_\_\_\_

How did you hear about our office?  Yellow Pages  Patient  Internet  Other (specify) \_\_\_\_\_  
 Radio  Doctor (name) \_\_\_\_\_

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

Patient Signature/Parent Signature \_\_\_\_\_

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

### FINANCIAL POLICY AND STATEMENT (please read carefully and then sign)

I hereby authorize the processing of the medical insurance either by electronic or manual method by MARTIN FOOT AND ANKLE. My signature authorizes payment of all major medical and/or surgical benefits to which I am entitled from the listed insurer below to pay the listed provider assignee. 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, \_\_\_\_\_ Credit Card (Debit, Visa, MasterCard, Discover)

Parent Signature \_\_\_\_\_

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