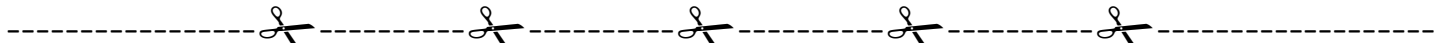


**Ankle and Foot Associates PLLC**  
**Patient Information**  
(Please Print)

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
 Full-time  Part-time  Not employed  Self-employed  Retired Employer: \_\_\_\_\_  
Email: \_\_\_\_\_  
*Would you like to access your medical records via the internet? (Please circle) YES NO*

Local Pharmacy and Location: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Primary Doctor (PCP): \_\_\_\_\_  
Primary Insurance: \_\_\_\_\_  
Policy ID number: \_\_\_\_\_ Group Number: \_\_\_\_\_  
Insured's Name: \_\_\_\_\_ Policy Holder DOB: \_\_\_\_\_  
Policy Holder relationship: \_\_\_\_\_

**Marital Status:**  Single  Married  Divorced  Widow  Other: \_\_\_\_\_  
**Race:**  White  Hispanic  African American  Asian  American Indian/Alaskan Native  Native Hawaiian/Other Pacific  
 Other Race \_\_\_\_\_  Refuse to Report  
**Ethnicity:**  non-Hispanic  Hispanic Origin  Refuse to Report  
**Language:**  English  Spanish  Other: \_\_\_\_\_



**Ankle and Foot Associates PLLC • Financial Policy**

1. **Insurance Acceptance:** Ankle & Foot Associates will accept the payment approved by your insurance company. Patients are responsible for copays, deductibles, uncovered services, and medical supplies.
2. **Payment Expectations:** Payment is generally expected on the date of service unless prior arrangements have been made. Accepted payment methods include cash, checks, debit, and credit cards.
3. **Returned Checks:** A fee of \$25.00 will be charged for all returned checks.
4. **Understanding Coverage:** Patients are encouraged to clarify their insurance coverage and financial responsibilities before receiving services. If uncertain, patients can discuss this with staff members or their insurance agent.
5. **Resolving Confusion:** The policy is to work with patients in case of confusion over insurance coverage to prevent future problems. Open communication is encouraged to address misunderstandings.
6. **Unexpected Financial Issues:** If a patient encounters unforeseen financial difficulties and cannot pay the bill, they are advised to contact the Office Manager to communicate their situation and explore potential solutions.
7. **Payment Plans:** Ankle & Foot Associates offers payment plans for those unable to pay the full amount upfront.
8. **Insurance Billing:** The practice will bill primary and secondary insurance companies on behalf of patients. Patients may be asked for assistance if needed. Patients are reminded that they remain ultimately responsible for the bill, and the practice has no control over insurance decisions.
9. **Patient Responsibility:** Patients are reminded of their ultimate responsibility for their bills and thanked for choosing Ankle & Foot Associates for their ankle and foot health needs.