

PATIENT INSURANCE INFORMATION FORM

PATIENT INFORMATION

NAME:			DATE:		
First	Middle	Last			
Home Phone ()	Work Phone ()	Ext:	Cell Phone ()	
Address:					
Street	City	7	State	Zip	
E-MAIL Address:					
Date of Birth	Social Security #			Sex: () M () F	
Referring Physician/phone #:	Pharmacy/phone #				
Other Referring source: () Advertisement	() Family/Friend () Insurance () Newspaper () Ph	one Book () Websi	te () Other	
PATIENT EMPLOYER INFORMATION					
Patient's Employer Name:					
Address:					
Street	City		State	Zip	
Patient's Occupation:					
Contact Person (at work)	Contact Phone ()	Fax ()_		
1) If today's visit is due to an injury at	work please check ()				
2) Have you notified your personnel de	epartment? () YES	() NO			
3) Please give brief description of injur	y:				
POLICY HO	OLDER (GUARANTOR)	EMPLOYER I	NFORMATIC)N	
Policy Holder Name:					
Address:					
Street	City		State	Zip	
Policy Holder Date of Birth:	SS#			Sex: M() F()	
Policy Holder Employer Name:					
Address:					
Street	City		State	Zip	



INSURANCE INFORMATION

Primary Insurance Company Name:		ID/MEMBER #		
Group Name:	Group #			
Effective Date:	Expiration Date:			
Patient's Relationship to Policy holder:	Policy Holder Name:			
Secondary Insurance Company Name:	ID/MEMBER #			
Group Name:	Group #			
Effective Date:	Expiration Date:			
Patient's Relationship to Policy holder:	Policy Holder Name:			
Name: Home Phone ()		Ext:		
I hereby authorize ELITE FOOT & ANKLE, P the interest of the patient named above and the I authorize my insurance carriers to pay benefit	A to release medical information and ne facility.	RANCE FILING PROCEDURES excessary data pertinent to the filing of insurance papers in PA for any unpaid services filed on my behalf by ELITE		
FOOT & ANKLE, PA. I understand that I AM RESPONSIBLE for pay	yment to ELITE FOOT & ANKLE, PA	for charges regarding the above patient regardless of my ultimately responsible for collecting my insurance or		
Patient / Guardian Signature:		Date:		

ELITE FOOT & ANKLE, PA 4222 TRINITY MILLS ROAD SUITE 112 DALLAS, TEXAS 75287-7660 Office: 214-710-1028

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