

Georgia Foot & Ankle

PLEASE PRINT CLEARLY

Today's Date ____/____/____

Name _____ Date of birth ____/____/____
First MI Last

SSN _____ Marital Status M S D W Age ____ Weight ____ Height ____ Male ____ Female ____

Address _____ City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____ (Cell) _____ (Alternate) _____

Name and address of employer _____

Occupation: _____

Spouse's Name _____ DOB _____ If Minor, Name of parent _____

How did you find out about our office? _____

Responsible Party or Insured's Information (If different than above)

Name: _____ Date of Birth _____ SSN _____

Address: _____ City _____ State _____ Zip _____

Phone# (H) _____ Phone# (W) _____ (Cell) _____

Nearest Relative (Not Living With You) or Emergency contact information

1st Contact: Name _____ Phone # _____

2nd Contact Name _____ Phone# _____

Insurance Information

Name of Insurance Company _____

Policy Holder if other than the Patient _____ Date of Birth _____

Policy # _____ Group # _____

Is this Workman's Compensation? _____ Date of Incident: _____

Workman's Comp Insurance Information: _____

Secondary Insurance Information

Name of Company _____

Policy Holder if other than the Patient _____ Date of Birth _____

Policy # _____ Group # _____

AS A COURTESY, OUR OFFICE DOES CALL TO CONFIRM APPOINTMENTS. PLEASE PROVIDE THE BEST NUMBER TO CONTACT YOU REGARDING YOUR APPOINTMENT. _____

Georgia Foot & Ankle

Steven R. Carter, D.P.M.
770-786-0070

Date: _____

Name: _____

Age: _____

Primary Care Physician: _____

Pharmacy: _____

What is your main concern today? _____

When did this problem begin? _____

Is this problem the result of an injury? _____

If so, describe the circumstances of the injury _____

What types of things aggravate or worsen your condition? _____

Have you been seen by another doctor for this condition? _____

Please describe any treatment by you or recommended by another doctor for this condition _____

Name: _____ - Date: _____

Please check any of the following that you currently have or have ever had in the past:

Eyes

- Use of glasses or contacts
- Glaucoma

General Medical Problems

- Cancer
- Diabetes
- Hepatitis
- Anemia
- HIV
- Sickle Cell Anemia
- Liver Problems
- Thyroid Problems
- Cholesterol Problems

Skin

- Foot Ulcers
- Psoriasis
- Slow to heal wounds
- Tendency for thick scar formation

Heart

- Artificial Heart Valve
- Chest Pain
- Heart attack/Heart disease
- Heart murmur
- Heart rhythm problems

Breathing

- Asthma
- Emphysema

Circulation

- High blood pressure
- Poor Circulation
- History of blood clots
- Color changes in fingers/toes if exposed to cold

Bone/Joint

- Gout
- Rheumatoid Arthritis
- Osteoarthritis

Neurologic

- Neuropathy (Numbness in feet/legs)
- Stroke

Emotional

- Depression / Anxiety
- Bipolar Disorder
- History of substance abuse
- Inpatient treatment of psychiatric disorder

Urinary / Kidneys

- Kidney failure / insufficiency
- Loss of a kidney
- Dialysis

Stomach

- Stomach Ulcers
- Problems with taking anti-inflammatories
- Blood noted in stools

Have you used any drugs not prescribed by a doctor for you
in the past 12 months? _____

If yes, please, indicate what drugs have been used? _____

Have you ever used narcotic pain medication for an extended period of time
(anything more than 4 weeks)? _____

Please describe the circumstances? _____

Have you ever received or has it been recommended that you receive treatment for
any substance abuse issue? _____

Review of Symptoms:

Do you currently have:	NO?	YES?	DETAILS (if answered "YES")
Fever			
Chills			
Weight changes			
Cough			
Rash			
Decreased Hearing			
Dizziness			
Weakness			
Shortness of breath			
Wheezing			
Pain in legs with walking			
Palpitations (heart flutters)			
Nausea			
Vomiting			
Easy bruising			
Difficulty urinating			
Muscle aches			
Cramping in legs			
Itching			
Fainting			
Headache			
Anxiety			
Depressed Mood			

Georgia Foot & Ankle, P.C.

Payment Policy

1. As a courtesy to our patients, we will file your insurance. **However, all copays, deductibles, and patient-due portions are due at the time of service based on the information provided to us by your insurance company.**
2. If, after 90 days, your primary insurance company has not paid the claim, it is your responsibility to pay the balance and seek payment from your insurance carrier.
3. Secondary insurance will be filed only once as a courtesy. If after 90 days it has not been paid, it will then be your responsibility to pay the balance and seek payment from your insurance carrier.
4. It is your responsibility to notify our office of any insurance or address changes.
5. Past due accounts are subject to being turned over to an outside collection agency and/or attorney. If collected through an attorney, attorney fees of 15% of the principal and interest owed and all court costs will be charged.
6. There is a \$25 service charge for all returned checks; and \$10 for all “no-show” missed appointments.
7. All past due accounts will be assessed a finance charge of 1.5% monthly (18% annual rate).
8. Due to restrictions outlined by individual insurance carriers (including Medicare, HMO’s, PPO’s, and standard indemnity) certain supplies and/or services may be considered non-covered. However, due to the many plans with which we participate and the extreme variances among policies, our office does not always know in advance which supplies and/or services will or will not be covered.
9. Payment may be made by Cash, Check, VISA, Mastercard, and American Express.
10. Office charts and x-rays are the permanent property of Georgia Foot and Ankle, P.C. Be aware that the original films will not be released. Copies can be made, but there is a charge for this.
11. I authorize the release of any medical or other information necessary to process any insurance claims on my behalf by this office.
12. Patient understands and agrees that if he/she disputes any service, charge, or amount shown on an invoice, he/she will present that dispute to Georgia Foot & Ankle, P.C. in writing within ten (10) days of receipt of the invoice or he/she waives any dispute.
13. Patient agrees that in the event of any claims, issues, causes of action or lawsuits arising out of or related to services provided by Georgia Foot & Ankle, P.C., venue shall lie exclusively in the Courts of Newton County, Georgia. The choice of forum set forth in this section shall not be deemed to preclude the bringing of any action by Georgia Foot & Ankle, P.C. to collect on any judgment obtained in such forum in any other appropriate jurisdiction. Patient waives the right to assert the defense of forum non-convenience and the right to challenge the venue of any court proceeding.

14. This payment policy constitutes the entire agreement between the parties on the specific matters contained herein and supersedes any and all prior contracts, agreements, or understandings between the parties on the same specific matters. This agreement may not be amended or modified in any manner except by an instrument in writing signed by the patient and an authorized representative of Georgia Foot & Ankle, P.C. The failure of Georgia Foot & Ankle, P.C. to enforce at any time any of the provisions of this payment policy shall in no way be construed to be a waiver of any such provision or the right of Georgia Foot & Ankle, P.C. thereafter to enforce each and every such provision.

Thank you for your cooperation in this matter.

I have read and understand the above policies of this practice and any questions have been answered to my satisfaction.

Patient's Signature

Date

