

PATIENT INFORMATION

FRED D YOUNGSWICK DPM / 415 898 9818
VINCENT C MARINO DPM

Patient's FULL Name _____ Name we may call you _____

Address _____ City _____ ZIP _____

Phones/ HOME (_____) _____ CELL (_____) _____

Birth Date _____ Age _____ Male Female

Social Security # _____ Single ___ Married ___ Widowed ___ Divorced ___ Other ___ Number of Children ___

1. Occupation _____ Employer's Name _____
Work Address _____ Work Phone (_____) _____

2. Spouse / Minor's Parent / Domestic Partner's (circle one) FULL Name _____
Employer's Name _____ Work Phone(_____) _____

3. *Emergency Contact* Person _____ Relationship to Patient _____
Daytime Phone (_____) _____ Evening Phone(_____) _____

4. Person's FULL Name who is responsible for *Co-payments/Co-Insurance/Deductibles/Non-covered Services*:

Address _____ City/Zip _____
Phone (_____) _____ Social Security # _____

5. INSURANCE INFORMATION (We must copy your insurance cards) Co-Payment/per visit \$ _____
Company Name _____ HMO Medical Group _____
Subscriber FULL Name _____ *Subscriber's Date of Birth* _____
Identification/Certificate # _____ Group # _____
Mailing address for claims _____
MEDICARE # _____ Other Insurance _____

6. Whom may we thank for referring you to this office? _____

7. Have you ever been treated by a Podiatrist before? No Yes Doctor's Name _____

8. What is your foot/ankle complaint? _____ Injury Date/location _____

9. Name of your Primary Care Physician _____ Last Visit Date _____

I hereby give my permission to Fred D Youngswick, DPM and Vincent C Marino DPM to administer and treat with such procedures as may be deemed necessary in the diagnosis and/or treatment of my foot and/or ankle condition.

I hereby give authorization for payment of insurance benefits to be made directly to Fred D Youngswick, DPM, Vincent C Marino, DPM and/or any assisting physicians for services rendered. I understand that I am financially responsible for all charges whether or not they are covered by insurance. I further agree that a photocopy of this agreement shall be valid as the original.

Signature _____ Date _____