

FOOT HEALTHCARE ASSOCIATES
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PHYSICIAN-SURGEONS OF THE FOOT AND ANKLE

PATIENT REGISTRATION FORM DATE _____
(Confidential Information – Important for our Files and Your Health)

Patient Name _____ Date of Birth _____

Social Security Number _____ Age _____

Home Address _____ City _____

State _____ Zip Code _____ Spouse's Name _____

Home Phone Number _____ Mobile Phone Number _____

Email Address _____

May we email you periodic updates on new innovations in podiatric medicine Yes No?

Patient sex male female Patient is: Single Married Widowed Separated Divorced

Do you have medical insurance? Yes No. Are you the: Insured Dependent?

How many Insurances are you covered by? One Two Three Four

Explain Primary and Secondary Insurance(s) _____

In case of emergency whom should we notify? _____

Phone Numbers(s) of person to call in emergency _____

Relation of person to call in Emergency _____

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

Relationship of person referring you to our office? _____

| |
|--|
| Employer Information: <input type="checkbox"/> currently not employed <input type="checkbox"/> On temporary leave <input type="checkbox"/> yes currently employed |
|--|

Patient employed by _____

Business Address _____

Patient Business Telephone Number(s) _____

Job Title/Description _____

Spouse employed by _____ Spouse Business Tel. # _____

Spouse Business Address _____

Assignment and Release/Financial Responsibility

What is a co-pay?

A co-pay is the small amount you have to pay to access medical care according to your insurance contract. In some cases, it might be \$5-\$30 but with some insurances, it would be a percentage of your bill (10% is common). This is supposed to provide a slight incentive for you to visit the doctor less and thereby avoid overuse of medical services. Medicare patients don't pay a co-pay "up front", but they are responsible for a small portion of the bill.

What is a deductible?

A deductible is the amount of money that a patient must pay out of pocket before the insurance carrier is responsible for any charges. The average deductible ranges from \$100 TO \$1500 and once this has been met the insurance company will begin to pay for covered services. Medicare patients are responsible for a \$100 deductible at the beginning of each year.

Why do I have to pay my co-pay and/or deductible?

When you sign up with an insurance carrier, you basically sign a contract which stipulates that you are obligated to pay your copay and/or deductible in certain instances. That usually means that you are required to pay a co-pay and/or deductible for all office visits, including follow-up examinations, outpatient surgical procedures done in our office, etc.

Why do you collect the co-pay instead of billing me like my last doctor?

It is much more efficient to collect the co-pay at the time of service. Otherwise it becomes more difficult and expensive to deal with administratively. It needs to be entered in the computer, bills must be mailed, and our billing person will need to track the account for payment, etc. Higher administrative costs in the office ultimately result in higher medical costs for the patient. This policy is not something we can negotiate or change.

Why can't you just "write off" my co-pay and/or deductible?

There are several reasons why this is not a good idea. First, since your insurance "contract" stipulates that you must pay a co-pay and/or deductible, waiving this fee violates your contract. Second, when we sign up with your insurance company, we also sign a contract that says we will collect co-pays and/or deductible as stipulated in the contract. Third, if the doctor gives you a discount by waiving your co-pay and/or deductible and then bills the insurance company without giving them the same "discount", it could be considered insurance fraud. Thus, many medical billing consultants say that if you waive the co-pay, you cannot bill the insurance company. This rule has effectively eliminated "professional courtesy" which existed when I was a kid. Doctors used to routinely treat each other and their families "for free", but since everyone is insured these days, everyone must pay a co-pay.

I, the undersigned certify that I (or my dependent) have insurance with _____

Name of Insurances Company (ies)

and assign directly to Foot Healthcare Associates P.C., all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am personally responsible to pay all charges that are not covered by my insurance, including by not limited to, co-pays, deductibles, and non-coved services. I further understand I am responsible for any collection and/or legal fees incurred in the collection of any past due charges. I hereby authorize the doctors to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Responsible Party Signature

Relationship

Date