BENENATI FOOT & ANKLE CARE CENTERS

NEW PATIENT REGISTRATION FORM

Patient's Name_______________________________ Phone #_____________

Email:_________________________________ Alt Phone #______________

Address:______________________City:______________State:____Zip:______

Sex:___ Date of Birth:____________ Age:____ Social Security #______________

Marital Status:______ Employer:____________________ Phone #____________

Occupation: ______________________________________

Emergency contact, not at your address, and relationship:______________________
____ Phone #______________

Family Physician:_____________________________ Phone #_____________

How were you referred to our office?___________________________________

Insurance Information:
Type of Insurance:____

Subscriber Name: ___________________ Subscriber DOB:_________________

Relationship to insured:____________________

Subscriber's employer:___________________________ Phone #_____________

Person Responsible for bill and relationship:______________________________

Have you received a copy of the Notice of Privacy Act (see attached)? Yes or No

Will you allow us to contact you by mail, phone or email, for example: Appointment Reminders or Communiques from this office: Yes or No

I hereby authorize payment for all services to be paid directly to Dr. Anthony V. Benenati, DPM PC. I understand that I am responsible for all deductibles, co-pays, and all services not covered by my insurance company. I also authorize Dr. Benenati to release my medical records to the insurance company regarding pre-authorization or claim payment. I understand that if my insurance company requires me to obtain a referral to be seen, and I do not obtain one prior to my visit, I will be responsible for all charges. I do consent to having my blood drawn and being tested for Hepatitis and HIV if Dr. Benenati and/or his associates and/or his staff are exposed to my blood and/or fluids.

Signature of Patient:____________________________________Date:____________
And/or Guardian/Foster (we do require proof of Guardian/Foster care giver)