

Last Name: _____ Preferred Name: _____ First Name: _____ Middle Name: _____

How did you hear about us?

- Google | Internet Direct Flyer Social Media: Facebook Word of Mouth: _____
- Insurance Directory Radio Social Media: Next Door Newspaper/Magazine: _____
- Hospital | ER Urgent Care Other Doctor: _____

Patient Demographics

Identify as Female Identify as Male Ethnicity: _____ Divorced Married Partnered Separated Single Widowed

Birth Date: _____ Age: _____ Email: Address: _____

Social Security #: _____ Cell Phone: _____ Home Phone: _____

Home Address: _____

Health Insurance Portability & Accountability Act (HIPAA)

In general, the HIPAA privacy rule gives individuals the right to request a restriction of their health information. The individual is also provided the right to request confidential communications or that a communication of PHI (Protected Health Information) be made by alternative means, such as, sending information to the individual's office instead of their home. It is our policy not to release confidential and/or unauthorized information by home telephone, answering machine, work telephone, voice mail and/or cell phone. However, we will confirm appointments by telephone.

Do we have permission to leave a message on the phone number(s) you have provided to us? Yes No

Individual we may discuss your Medical Information with: _____ Phone: _____ Family Friend

Emergency Contact if different from above: _____ Phone: _____ Family Friend

Acknowledgment of Receipt of Notice of Privacy Practices

I have received a copy of the Da Vinci Foot and Ankle Notice of Privacy Practices.

Office Use Only: We attempted to obtain written acknowledgement of notification of our Notice of Privacy Practices, but acknowledgement could not be obtained:

Refused to sign Communication Barrier Emergency Situation Other: _____

Signature of Da Vinci Team Member Date

Patient Financial Responsibility

It is the policy of Da Vinci Foot and Ankle that payment is due at the time of service. We accept cash, debit card and credit card. We require all patients to pay their deductible, copay and/or coinsurance payment on the day of service. The Front Office Team Member at your location will explain this information to you prior to your visit. At the conclusion of your visits with us you may be billed for any outstanding balances. Balances unpaid after 90 days may be turned over to a collection agency unless other arrangements have been made. If there is a credit, you will be provided a refund promptly from our Accounting Department after all outstanding claims have processed.

Health Insurance Coverage

If you are covered by health insurance with Podiatry benefits, we will be happy to bill your insurance. Please provide your insurance information to the Front Office Team Member on each visit. Accepting your insurance does not place financial responsibilities onto this practice, and you will be held accountable for any unpaid balances by your plan.

Please remember your insurance coverage is based upon a contract between you and your insurance company. Although we are contracted with most insurance carriers, our services may not be covered by your insurance plan. Being referred to our clinic by another physician does not necessarily guarantee your insurance will cover our services. **Please remember you are 100% responsible for all charges incurred:** your physician's referral and our verification of your insurance benefits are not a guarantee of payment. Any services your insurance company would consider to be outside the coverage of your benefits will be your responsibility or the responsibility of the guarantor. This may include out of network fees, deductibles, co-insurance, supplies, test, failure to obtain appropriate referrals, pre-existing conditions, or copayments. Please check with your insurance company to verify your benefits (be sure to obtain the name and extension of the individual you speak with).

As a courtesy, Da Vinci Foot and Ankle, verifies your benefits with your insurance company. A quote of benefits is not a guarantee of benefits or payment. Your claim will be processed according to your plan, if your claim processes differently from the benefits we were quoted, the insurance company will side with the plan and will not honor the benefit quote we received. We highly recommend you also contact your insurance carrier and check into your coverage for Podiatry benefits. Do not assume you will not owe anything if you have more than one insurance policy.

Things To Ask Your Insurance Company Regarding your Plan:

1. Does my policy require a copay, and/or does it apply toward the deductible?
2. Does my policy require a coinsurance in addition to the copay?
3. Do I need a referral or authorization to see a specialist? **DA VINCI FOOT AND ANKLE IS A SPECIALIST.**
4. Does my policy cover routine foot care (including trimming of nails, corns and / or calluses) and what are the specific qualifications?

Media Release

I do hereby release to Da Vinci Foot and Ankle all rights to exhibit this work (photographs, videos, written and/or recorded testimonials / reviews) in print and electronic form including the practice website and social media (such as Facebook, YouTube, Etc.), now or hereafter known, and exclusively for the purpose of promoting Da Vinci Foot and Ankle services. I further consent that my name and identity may be revealed therein or by descriptive text, photo, or commentary. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback. Da Vinci Foot and Ankle exclusively owns all rights to the images, videos, and recordings, and to any derivative works created from them. I represent that I am at least 18 years of age, have read and understand the foregoing statement and am competent to execute this agreement.

I give permission to have my information added to the Da Vinci Foot and Ankle email list. We send special offers to customers who opted in at our website and locations.

Signature of Patient |Guardian (signature agrees to terms) Date

Da Vinci Foot and Ankle