

PATIENT DEMOGRAPHICS

Patient Name: _____ Date of Birth: _____

Social Security #: _____ Sex: M F Ht: _____ Wt: _____ Shoe Size: _____

Address: _____
Street City State Zip

Home #: _____ Work #: _____ Cell #: _____

Email Address: _____

Employed: Y N Occupation: _____

Married Single Divorced Widowed

Pharmacy & Phone #: _____

Emergency Contact: _____ Phone #: _____

Primary Physicians Name/ Phone #: _____

How did you hear about us: (Please circle one)

Physician Internet Insurance Plano Profile Allen Image Dallas Morning News
Friend Family Stonebridge Racers McKinney Living Living Magazine

Current Foot & Ankle Problem: _____

INSURANCE INFORMATION

Primary Insurance Name: _____

ID/ Member #: _____ Group #: _____

Effective Date: _____ Termination Date: _____

Policy Holders Name: _____ Social Security #: _____

Policy Holders Date of Birth: _____ Patients relationship to Policy Holder: _____

EXPLANATION OF PAYMENT POLICY & PRIVACY POLICY

I hereby authorize Jaryl G. Korpinen DPM to release medical information pertinent to the filing of insurance claims for me. I authorize my insurance carrier to pay benefits directly to Jaryl G. Korpinen DPM on any unpaid services filed on my behalf. I understand that I AM RESPONSIBLE for payment to Jaryl G. Korpinen DPM for charges for the above patient regardless of my insurance coverage. I also understand that Jaryl G. Korpinen DPM is not ultimately responsible for collecting my insurance or negotiating settlements of claims. I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have had the opportunity to read and understand the Notice. I also hereby give Jaryl G. Korpinen DPM permission to diagnose and administer treatment for my foot and/or ankle condition and authorize any release of information obtained in the course of my treatment.

Patient's Signature: _____ Date: _____