



FOOT & ANKLE CLINICS OF UTAH

157 N. 400 W. Orem, UT

utahfootdoctors.com

PATIENT INFORMATION

First name _____ MI _____ Last Name _____

Mailing Address _____ City, State, Zip _____

Date of Birth _____ Social Security # _____

Home Phone _____ Cell _____ Email _____

Employer _____ Work phone _____

Race:

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/other Pacific Islander
- White
- Other _____
- Decline to specify

Ethnicity:

- Non Hispanic/Latino
- Hispanic/Latino

Preferred Language:

- English
- Spanish
- Other _____

Marital Status:

- Single
- Married
- Divorced
- Widowed

Gender:

- Male
- Female

Name of Spouse _____ DOB of Spouse _____

Parent/Guardian (if patient is a minor) _____

Emergency contact _____ Phone _____

RESPONSIBLE PARTY (leave blank if same as above)

Party Responsible for Payment _____

Date of Birth _____ Phone _____ Social Security # _____

Address _____

Employer _____ Work Phone _____

INSURANCE INFORMATION

If applicable, write secondary insurance information on the back of this sheet

Insurance Company _____

Policy Holder _____ Date of Birth _____

Policy # _____ Group # _____ Relationship _____

AGREEMENT FOR EXTENSION OF CREDIT AND BILLING OF THIRD PARTIES

IN ACCORDANCE WITH THE FEDERAL TRUTH-IN-LENDING ACT, PLEASE NOT THE FOLLOWING:

I, the undersigned, give permission to release information to 3rd party carrier(s) and do assign all insurance benefits for treatment to be paid directly to my provider, and request that this assignment remain on file with my insurance carrier. I certify that a copy of this assignment shall be as valid as the original.

I, the undersigned, recognize that the provider cannot accept responsibility for collecting any insurance claim or negotiating any settlement on a disputed claim. I also agree that in the event of default in the payment of any amount due, and if this account is placed in the hands of an agency or attorney for collection or legal action, to pay an additional charge equal to the cost of collection including agency and attorney fees and court costs incurred and permitted by laws governing these transactions. A finance charge of 1.5 percent per month (annual rate of 18 percent) will be charged on all balances over 60 days, regardless of pending insurance claims.

Date

Signature of Responsible Party