

238 Chestnut Avenue
Vineland, NJ 08360

WELCOME To The Foot Care Centers

500 Front Street
Elmer, NJ 08318

Rodmehr Ajdari,DPM Michael Monter, DPM Christopher Garbowski, DPM Tedman Tan,DPM

Date _____

Patient Information

Patient Name _____
Last Name First Name Middle Initial

Address _____

City State 9 digit Zip Code
Best Number to reach you _____ Home _____ Cell _____
(located on driver's license)

Home Phone (_____) _____ Cell Phone (_____) _____

Birth date _____ Age _____ Child Adult Male Female
Month Day Year Please Circle One Please Circle One

Social Security Number _____ - _____ - _____ Single Married Divorced Other
Please Circle One

Email address _____

Employer Information

Employer Name _____

Address _____

Phone _____ Occupation _____

Spouse/Parent/Guardian Information

Name _____
Last First Relationship to Patient

Date of Birth _____ Social Security # _____ - _____ - _____
Month Day Year

Employer _____

Employer Phone _____ Occupation _____

Emergency Contact Information

Contact # 1

Name _____

Phone Number _____ Relation to Patient _____

Contact # 2

Name _____

Phone Number _____ Relation to Patient _____

Insurance Information Please Present All Insurance Cards

Date _____

Primary Insurance

Name of Insurance _____

Identification Number _____ Group Number _____

Policy Holder - Who is the insurance through? Relationship to Patient _____

Policy Holder's Name _____

Policy Holder's Date of Birth _____ Policy Holder's Social Security Number _____

____ / ____ / ____

____ - ____ - ____

mm dd yyyy

Referral Required YES NO (Please circle one)

Secondary Insurance

Name of Insurance _____

Identification Number _____ Group Number _____

Policy Holder - Who is the insurance through? Relationship to Patient _____

Policy Holder's Name _____

Policy Holder's Date of Birth _____ Policy Holder's Social Security Number _____

____ / ____ / ____

____ - ____ - ____

mm dd yyyy

Referral Required YES NO (Please circle one)

Primary Care Physician

Doctor's Name _____ Phone Number _____

Address _____

Pharmacy you use _____ Phone _____

Why did you choose our office?

Friend ___ Yellow Pages ___ Ins. Book ___ Health fair ___ Other _____

Name: _____

Address: _____

Which Dr told you to consult us? _____

SIGNATURE REQUEST FOR INSURANCE BILLING

Release: I hereby authorize the release of any information acquired in the course of my examination which said insurance company may request.

Responsibility & Assignment: I also assign and request payment of medical benefits to the above stated physician or supplier for medical services. I also understand that I am financially responsible for payment of my bill.

X _____

As a courtesy we will bill your insurance company.

Foot Care Centers

Office Policies

Thank you for choosing the Foot Care Centers. We will strive to give you the excellent professional care you deserve as our patient and friend.

We want to make your experience at the Foot Care Centers a pleasurable one. Please be aware of the procedures and policies of this office as stated below. Should you have any questions or do not understand something, please ask one of our staff members.

Co-Payments

All co-payments will be collected at the time of check-in. Your insurance company requires that you pay your co-pay at the time of your visit. Patients who fail to do this are in direct violation of their contract with their insurance company.

If you are unable to pay your co-pay at the time of your visit, we will need to reschedule your appointment.

Referrals

Patients will be advised if a referral is required for their next schedule visit. It is the responsibility of the patient to obtain this referral from their primary care physician prior to the visit. If you do not have your referral with you at the time of check-in, we will need to reschedule your appointment.

Foot Care Center is not permitted to call your primary care physician to obtain a referral for you.

Cancellation Policy

If you are unable to keep your appointment, you must call to cancel at least one full business day prior to your scheduled appointment time. Any patient who does not show up for their appointment or cancel within the specified time frame will be billed for an office visit.

Patient Signature

Date

FOOT CARE CENTERS

238 Chestnut Avenue
Vineland, NJ 08360
856-691-2152

According to New Jersey insurance company guidelines, these questions must be answered.

(Please Circle)

Do you have an Advance Directives/Living Will? (For patients 18 and above).....YES NO

How much do you smoke?..... N/A

How much Alcohol do you drink?..... N/A
Frequency _____

Do you use illegal drugs?.....YES NO

Do you have the following barriers that would prevent your care? (Please Circle)

Poor Vision

Poor Hearing

Language Barrier

Religious/Cultural Barriers

None of the Above

Other _____

Patient Signature

Date

Foot Care Centers

238 Chestnut Avenue
Vineland, NJ 08360
(856) 691-2152

500 Front Street
Elmer, NJ 08318
(856) 358-8661

Rodmehr Ajdari, DPM Michael Monter, DPM Christopher Garbowski, DPM Tedman Tan, DPM

**ACKNOWLEDGEMENT OF RECEIPT
OF
NOTICE OF PRIVACY PRACTICES**

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or has the opportunity to read if I so choose) and understood the Notice.

Patient Name (please print)

Date

Parent or Authorized Representative (if applicable)

Signature

I authorize Foot Care Centers/ Affiliated Podiatrists of South Jersey, to obtain any protected health information from health care professionals who are involved in my care.

Initials



Foot Care Centers

Helping people walk in comfort

www.footcarecenters.net

500 Front Street
Elmer, New Jersey 08318
(856) 358-8661
Fax: (856) 358-6329

238 Chestnut Avenue
Vineland, New Jersey 08360
(856) 691-2152
Fax: (856) 696-3474

At Foot Care Centers, our dedicated and experienced staff of office personnel, medical assistants and physicians take pride in working together to provide you with the highest level of foot and ankle care.

We understand that the rapport and trust you establish with your doctor is important, so we will make every effort to avoid having you see another doctor in the practice.

However, we would like to make you aware that there may be occasions when your regular doctor is unavailable due to illness, medical conference or a medical/surgical emergency in the hospital that requires their attention.

In those rare instances, you can rest easy knowing that another one of our highly qualified specialists are always available and happy to see you to provide the same high level of foot and ankle care that you are accustomed to.

This team approach to patient care is why the doctors and staff at Foot Care Centers have been caring for people in our community for nearly 50 years and we look forward to serving you for many more years to come.

Welcome to the Foot Care Centers family!

Sincerely,

The doctors and staff at Foot Care Centers

Signature _____

Date _____