

Guertin Foot and Ankle Associates
Baytown Primary Medical Tower
2802 Garth Road; Suite 103
Baytown, Texas 77521
dguertin@drguertin.com
Phone (281) 422-8300
Fax (281) 422-8311

PLEASE PRINT LEGIBLY

Name _____

Street Address _____

City _____ **State** _____ **Zip Code** _____

Home Phone () _____ **Work Phone ()** _____

Cell Phone () _____

Emergency Contact _____ **Phone ()** _____

Relation to the Patient _____

Date of Birth _____ **Social Security Number** _____

Driver's License # _____ **Marital Status** _____

Email Address _____

Insurance Company Name _____

Policy Subscriber Name _____

If Other Than Self, Relationship _____ **Subscriber's Date of Birth** _____

Subscriber's Social Security Number _____

How Were You Referred To Our Office? _____

ASSIGNMENT OF BENEFITS

I authorize payment of benefits to the undersigned supplier for services described below:

Signature _____ **Date** _____

(Patient or Guardian if under the age of 18)

RELEASE OF INFORMATION

I authorize the release of any information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below:

Signature _____ **Date** _____

(Patient or Guardian if under the age of 18)

**Guertin Foot and Ankle Associates
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(281) 422-8300**

PATIENT NAME

DATE OF SERVICE

PATIENT MEDICAL INFORMATION (REVIEW OF SYSTEMS)

Do you have or have you had any of the following symptoms?

Head/Nose/Eyes/Ear/Throat

- Headache
- Stroke (Head Bleed)
- Seizures
- Ear Ache
- Retina/Visual Problems
- Sinusitis
- Upper Respiratory Infection
- Cold or Flu
- Sore Throat

Gastrointestinal/Stomach/Liver

- Heartburn
- Stomach Ulcers
- Hepatitis/Liver Disease
- Abdominal (Belly) Pain
- Nausea/Vomiting
- Bleeding Difficulties
 - Diarrhea
- Constipation
- Bloody or Tarry Stools

Cardiac/Heart/Circulation

- Shortness of breath when active
- Use several pillows to sleep
- Heart Attack
- Rhythm Problems
- Chest Pain
- Murmur
- Leg pain when walking Leg pain when resting

Urinary/Bladder

- Burning
- Excessive Urination
- Urinary Tract Infection
- Difficulty Urinating
- Discharge

Respiratory/Lung

- Cough
- Tuberculosis
- Asthma
- Shortness of breath when at rest
- Pulmonary Embolism
- Pneumonia

Musculoskeletal/Joints/Muscle/Bone

- Arthritis - What Joints? _____
- Stiffness
- Low Back Pain
- Weakness
- Fractures (Broken Bones)
- Spasms
- Paralysis (Inability to move)
- Numbness
- Radiating Pain
- Burning Pain

Patient/Guardian Signature

Date

Doctor Signature

Date

Guertin Foot and Ankle Associates

OFFICE POLICY

All fees are payable at the time services are rendered. Sometimes in the course of an office visit there are other services provided beyond those covered by the office visit fee such as injections, x-rays, excision of ingrown toenails, etc. We will bill your insurance company for these additional services. Please discuss any necessary financial arrangements. All courtesies will be extended for legitimate reasons.

*****Please Note*****

Patient is responsible for verifying insurance coverage for all treatment. If there are any out of network charges, copay or deductibles, the patient will be responsible for payment of those charges.

If you are asked to sign a Medicare form, please ask the doctor or receptionist what services are being billed to Medicare.

I give consent to Dr. Guertin to examine my feet and/or ankles and to perform any necessary medical and surgical treatment and to use anesthetics or other medications deemed necessary for my care.

Signature

Date

(Patient or Guardian if under the age of 18)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our commitment here at Guertin Foot and Ankle Associates is to serve our patients with professionalism and caring, being sure at all times to protect the privacy and security of all Protected Health Information.

During the course of serving your interests it may be necessary to share information with other Health Care Providers or Business Associates. The following are examples of instances, where information may be shared:

During treatment, we may find it necessary to acquire a laboratory analysis.
For payment purposes, we may use the services of a billing service.
Progress notes or letters may be typed by a transcription service.

We here at Guertin Foot and Ankle Associates are committed to obeying all Federal, State and Local laws and regulations regarding Privacy Practices. If any uses or disclosures other than the ones listed above are needed, information will only be released with written authorization of the patient in question. This written authorization may be revoked at any time by the patient, as provided by law.

If you have any questions or comments regarding your Protected Health Information, feel free to contact our Officer Manager here in the office. (MaryAnne 281-422-8300)

I have read and understand the above Notice of Privacy Practices.

Signature

Date

(Patient or Guardian if under the age of 18)