

AMERICAN FOOT AND LEG SPECIALISTS. PC

Dr. Paul A. Colon
 Dr. Jeffrey P. Flash
 Dr. Rodney G. Gadson

Dr. Praya Mam
 Dr. Marieli A. Colon
 Dr. Loren K. Colon

PATIENT INFORMATION

Date	Patient Name	First	Middle Int.	Last	
Gender	Social Security No.	Birthdate	Age	Email Address	
M F	- -	/ /			
Marital Status		Student Status	Employment Status	Employer	
		FT PT NA	FT PT Not Employed		
Street Address 1			Street Address 2		
City	State	Zip Code	Home Phone	Work Phone	Cell Phone
Legal Representative/ Guarantor's Name			Birthdate	Social Security No.	
			/ /	- -	
Primary Care Physician			Date Last Seen	Date of Last Illness	
			/ /	/ /	
Primary Language	Race : American Indian, Alaskan Native, Asian, Black or African American			Ethnicity: Hispanic or Latino	
	Native Hawaiian or Other Pacific Islander, White			Not Hispanic or Latino	
Referral Source :	Physician, Newspaper, Direct Mail, Employee, Hospital,			Specific Name of Referral Source	
	Insurance Co., Internet, Website, Phone Book, Sign, Patient or Marketing/Sales Rep				
Contact Preferences:			Authorized Contact:		
Phone Mail Email			Patient Only Patient & or Spouse Anyone Answering the Phone		
Primary Insurance Carrier			Primary Policy Holder	Insured Date of Birth	
				/ /	
Secondary Insurance Carrier			Secondary Policy Holder	Insured Date of Birth	
				/ /	
Allergic to any Medications? Yes No Known			Pharmacy Name:		
If yes, please list:			Pharmacy Location:		
			Pharmacy Phone:		

My insurance contract is between the insurance company and me. The doctor does not set the amount paid and I am financially responsible to American Foot and Leg Specialists for any charges not covered by the insurance policy. I authorize the release of any medical information to process my insurance claim. I assign payment of medical or surgical benefits directly to American Foot and Leg Specialists for services rendered.

X _____ Date: _____

Today, I will pay my bill by: Cash Check MC Visa Amex Discover

Please Note: payment is expected in full at the time of medical care. Your copay and/or deductible are due today. Thank you.