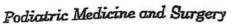
## JERSEY FOOT & ANKLE CLINIC, LLC

## Henrietta Obidigbo, D.P.M.





(Welcome) A INSURANCE PATIENT INFORMATION Who is responsible for this account? Relationship to Patient Insurance Co. Patient Group # Is patient covered by additional insurance? Yes\_\_\_No\_\_\_ Address . Subscriber Name Birthdate Relationship to Patient State ' City Zip Insurance Co. Group # M F Age Birthdate Single Married Widowed Separated Divorced ASSIGNMENT AND RELEASE I, the undersigned certify that I (or my dependent) have insurance Patient SS# coverage with \_\_\_\_\_\_ and assign directly to Dr.\_\_\_\_\_ all insurance benefits, if any, Occupation otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. Employer I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on Employer Address all insurance submissions. Employer Phone Responsible Party Signature Spouse's Name Birthdate SS# Date Occupation Relationship MEDICARE AUTHORIZATION I request that payment of authorized Medicare benefits be made either to me or Spouse's Employer on my behalf to Dr.\_\_\_\_\_ for any services furnished me by that physician. I authorize any holder of medical information about me to release to Whom may we thank for referring you? the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services. I understand my signature requests that payment be made and authorizes release of medical information necessary to pay the claim. If "other health insurance" is indicated in item 9 of the HCFA-1500 form, or elsewhere on other approved 3 CONTACT INFORMATION claim forms or electronically submitted claims, my signature authorizes releasing of the information to the insurer or agency shown. In Medicare Email assigned cases, the physician or supplier agrees to accept the charge Home Work Ext determination of the Medicare carrier as the full charge, and the patient is responsible only for the deductible, coinsurance, and noncovered services. Coinsurance and the deductible are based upon the charge determination of the Medicare carrier. IN CASE OF EMERGENCY, CONTACT Name Relationship Beneficiary Signature Home Phone Work Phone PODIATRIC HISTORY What is the chief complaint for which you Is there any personal or family history of Please indicate which foot problems to be treated (Include foot, ankle, knee you now have or have had in the past. diabetes? Yes \_\_\_\_\_No hip, thigh complaints) Your Occupation Ankle Pain\_\_\_ Athlete's Foot Corns & Callouses Cigarette/Tobacco use Bunions Cramps or Numbness in Feet or Legs Years Smoked Athletic activities in which you participate Flat Feet \_\_\_\_ Foot or Leg Cramps ricel Pain Ingrown Toenails
Plantar's Warts Time Toenails Have you ever been to a Foot Doctor (please list and indicate frequency) before? \_\_\_\_Yes \_\_\_No Swelling in Ankles or Feet

13.50	Yes	No		Yes	No		Yes	No
AIDS/HIV			Diabetes			Psychiatric Care		
Allergies to Anesthetics	-		Ear Problems	-	-	Radiation Treatment	-	_
Allergies to Medicine			Epilepsy	_	-	Rash	-	-
or Drugs			Eye Problems	_	_	Respiratory Disease	_	_
Anemia			Fainting	-	*****	Rheumatic Fever	_	
Angina	_		Foot or Leg Cramps	_	_	Shortness of Breath	_	_
Arthritis Artificial Heart Volves		-	Gout .	_	_	Sinus Problems	_	
or Joints			Headaches Heart Disease	-		Special Diet Stroke	_	
Asthma	-	-	Heart Disease Hemophilia	_		Swelling in Ankles, Fee		
Back Problems	-	-	Hepatitis or Jaundice		_	Swollen Neck Glands		
Bleeding Disorders	-		High Blood Pressure			Tired Feet		_
Cancer	-		Kidney Problems	-	-	Tuberculosis		-
Chemical Dependency	_		Liver Disease		_	Ulcers	-	-
Chest Pain	_	_	Low Blood Pressure	_		Varicose Veins	-	-
Chronic Diarrhea	_	_	Nervous Problems	-	-	Venereal Disease	·	-
Circulatory Problems	-	_	Phlebitis			Weight Loss, unexplain	===	_
Ramily physician						Last visit date_		
Are you now, or have yo	ou been,	under ar		y reason	over the	Last visit date past two years?Ye		
Are you now, or have yo	ou been,	under ar		y reason	over the			
Are you now, or have you	ou been,	under ar	ny other doctor's care for an	y reason	over the	past two years?Ye  ALLERGIESAdhesive/Tape	s	_No
Are you now, or have you	ou been,	under ar	edications and vitamins.	y reason	over the	past two years?Ye  ALLERGIES Adhesive/TapeAnticoagulant	s	_ Loca
Are you now, or have your fives, please explain	ou been,	under ar	edications and vitamins.	y reason	over the	past two years?Ye  ALLERGIES Adhesive/TapeAnticoagulant Therapy	s	_ Loca _ Nov _ Peni
Are you now, or have your firest please explain	ou been,	under ar	edications and vitamins.	y reason	over the	past two years?Ye  ALLERGIES Adhesive/TapeAnticoagulant	s	_ Loca
Are you now, or have your firest please explain	ou been,	under ar	edications and vitamins.	y reason	over the	past two years?Ye  ALLERGIES Adhesive/TapeAnticoagulant	s	_ Loca
Are you now, or have your fives, please explain	ou been,	under ar	edications and vitamins.	y reason	over the	ALLERGIES  Adhesive/Tape Anticoagulant Therapy Aspirin Codeine Demerol Jodine	s	_ Loca _ Nov _ Peni _ Seat
Are you now, or have your fives, please explain	ou been,	under ar	edications and vitamins.	y reason	over the	past two years?Ye  ALLERGIES Adhesive/TapeAnticoagulant	s	_ Loca _ Nov _ Peni _ Seat
Are you now, or have your fives, please explain	ou been,	under ar	edications and vitamins.	y reason	over the	ALLERGIES  Adhesive/Tape Anticoagulant Therapy Aspirin Codeine Demerol Jodine	s	_ Loca _ Nov _ Peni _ Seat
Are you now, or have your fives, please explain	ou been,	under ar	edications and vitamins.	y reason	over the	ALLERGIES  Adhesive/Tape Anticoagulant Therapy Aspirin Codeine Demerol Jodine	s	_ Loca
Are you now, or have you  If yes, please explain	ver-the-c	ounter m	edications and vitamins	my know	ledge. I	ALLERGIES Adhesive/TapeAnticoagulantTherapyAspirinCodeineDemerolIodine Other	S	_ Loca _ Nov _ Peni _ Seai _ Sulfa
Are you now, or have you  If yes, please explain	ver-the-c	on is true	edications and vitamins	my know gnosis ar	ledge. I	ALLERGIES Adhesive/TapeAnticoagulantTherapyAspirinCodeineDemerolIodine Other	S	Loca Nov Peni Seai