

BRIELOFF FOOT CENTERS

PETER N. BRIELOFF, DPM, PA.
805 E OLDTOWN ROAD, SUITE B
CUMBERLAND, MD 21502

WELCOME TO OUR OFFICE

PATIENT INFORMATION

NAME _____ DATE _____
FIRST INITIAL LAST

BIRTHDATE ___/___/___ AGE ___ SOCIAL SECURITY# ___-___-___ SEX ___M___F

MARITAL STATUS ___M___S___D___W STUDENT ___Y___N

HEIGHT: _____ WEIGHT: _____ SHOE SIZE: _____

HOME ADDRESS _____

CITY _____ STATE ___ ZIP CODE ___ HOME PHONE # _____

FAMILY DOCTOR _____ DATE LAST SEEN BY MD _____

PHARMACY _____

EMPLOYER _____ WORK / CELL PHONE # _____

E-MAIL ADDRESS: _____

HOW DID YOU HEAR OF OUR OFFICE? _____

PRIMARY INSURANCE _____ SECONDARY INSURANCE _____

NAME OF POLICY HOLDER _____ POLICY HOLDER DATE OF BIRTH _____

HOW MAY WE CONTACT YOU? (CHECK ALL THAT APPLY) ___PHONE___ MAIL ___E-MAIL___

PATIENT AUTHORIZATION

I authorize Peter N. Brieff, DPM, PA to apply for benefits on my behalf for services rendered by Dr. Peter N. Brieff. I request payment from my insurance company to be made directly to Peter N. Brieff, DPM, PA. I certify that the information I have reported with regard to my insurance coverage is correct and further authorize the release of any necessary information, including medical and pharmacy information for this or any related claims. I will notify you of any changes to my health status or the above information. I permit a copy of this authorization to be used in place of the original. I understand that I am ultimately responsible for the balance on my account for any professional services rendered. I also give permission to the Brieff Foot Centers to release information regarding my care to any party involved in my healthcare.

I acknowledge that I was provided a copy the **Notice of Privacy Practices** and that I have read (or had the opportunity to read if I so chose) and understand the Notice.

I have also read the **Patient Financial Policy** and understood the Financial Policy and agree to comply with this policy.

SIGNATURE _____ DATE _____

PARENT OR GUARDIAN (if patient is a minor) _____ DATE _____

