

TOTAL FOOT CARE

Dr. Richard S. Cohen
Dr. Lion Sassoon

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Drs. Cohen and Sassoon and staff would like to welcome you to our office. Please help us to better serve you by answering the following questions. All information is confidential and important for our files and your health.

Patient's Name: _____ Birthdate: _____ Age: _____
Address: _____ Marital Status: S M D W SEP Sex: M F

Height: _____ Weight: _____ Shoe Size: _____
Occupation: _____ Home Phone: _____
Employer: _____ Work Phone: _____
Social Security #: _____ Cell Phone: _____
E-mail: _____

REFERRAL: How did you hear about our office?

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FINANCIAL INFORMATION, POLICY & AUTHORIZATION

Primary Insurance Company: _____
Subscriber's Name: _____ Subscriber's Date of Birth: _____
Relationship to Subscriber: Self Spouse Child Other _____

Secondary Insurance Company: _____
Subscriber's Name: _____ Subscriber's Date of Birth: _____
Relationship to Subscriber: Self Spouse Child Other _____

AUTHORIZATION

I hereby authorize Richard S. Cohen, D.P.M., P.A. and Lion Sassoon, D.P.M. to apply for benefits on my behalf for covered services rendered by Drs. Cohen and Sassoon. I request payment from my insurance carrier to be made directly to Richard S. Cohen, D.P.M, P.A.. 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 information, for this or any related claim to my insurance carrier. I permit a copy of this authorization to be used in place of the original. This authorization may be revoked by me at any time in writing. It is my understanding that all unpaid charges by my insurance carrier are my responsibility and I agree to pay them. It is also my understanding that a \$5.00 billing fee per month will be charged to my account on all unpaid charges over 30 days. I further understand that any fees incurred involving collection of my past due account will be paid by me.

Signature of Subscriber or Beneficiary

Date