Beverly Hills Aesthetic Foot Surgery

New Patient Registration

1 Patient Information

Last Name | First Name | Social Security

Street Address | Suite / Apt. Number

City | State | Country (if not U.S.) | Zip Code

Birth Date

☐ Male ☐ Female ☐ Single ☐ Married ☐ Divorced ☐ Separated

Mobile Phone | Home Phone | Other Phone

Are you currently employed? ☐ Yes ☐ No

Employer | Occupation

Email Address

How were you referred to our offices? ☐ Brochure in Mail ☐ The Doctor's Show on ABC ☐ Other TV Show (Please Specify): ____ ☐ Physician Referral (Please Specify): ____

☐ Radio ☐ Google ☐ Other Internet Site (Please Specify): ____ ☐ Patient Referral (Please give us a name so we can thank them): ____

Is the patient the Financially or Legally Responsible Party? ☐ Yes ☐ No

If No, Please indicate your Relationship to the patient, and Complete Section 2.

Relationship to Patient

2 Primary Insured / Legal Guardian Information (Complete if NOT the same as Patient Information)

Last Name | First Name | Social Security

Street Address | Suite / Apt. Number

City | State | Country (if not U.S.) | Zip Code

Birth Date

☐ Male ☐ Female ☐ Single ☐ Married ☐ Divorced ☐ Separated

Mobile Phone | Home Phone | Other Phone

Are you currently employed? ☐ Yes ☐ No

Employer | Occupation

Email Address

3 Insurance Information (Complete Pertinent Sections)

Do You or the Patient have Health Insurance? ☐ Yes ☐ No

If Yes, please Complete below. If No, who will be billed for services provided by our offices?

Financial Responsibility

PRIMARY Insurance Company | Phone Number

Policy Number | Group Number | Subscriber ID

SECONDARY Insurance Company | Phone Number

Policy Number | Group Number | Subscriber ID

By signing below, I certify that the above is true and correct. I agree to notify Beverly Hills Aesthetic Foot Surgery of any changes to my insurance and/or address/phone numbers as soon as my information changes.

Patient Signature (or guardian if under 18) ____

Date ____