

Stockdale Podiatry Group, Inc.

MEDICINE AND SURGERY OF THE FOOT AND ANKLE

110 New Stine Road
Bakersfield, California 93309-2187
(661) 832-1666
Fax: (661) 832-7145

1326 H Street, Suite #1
Bakersfield, California 93301
(661) 826-1667
Fax: (661) 832-7145

REGISTRATION FORM

PATIENT'S NAME _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ PHONE () _____ SEX _____ DATE OF BIRTH / /

MARITAL STATUS (CIRCLE ONE) M S D O

SOCIAL SECURITY # _____ - _____ - _____ DRIVERS LICENSE # _____

WHO REFERRED YOU TO OUR OFFICE? _____

EMPLOYER _____ OCCUPATION _____

BUSINESS ADDRESS _____ ZIP _____ PHONE () _____ - _____

SPOUSE'S NAME _____ DATE OF BIRTH _____ / /

EMPLOYER _____ OCCUPATION _____

BUSINESS ADDRESS _____ ZIP _____ PHONE () _____ - _____

SOCIAL SECURITY # _____ - _____ - _____ DRIVER'S LICENSE # _____

IN CASE OF EMERGENCY, CONTACT _____ RELATION _____

ADDRESS _____ ZIP _____ PHONE () _____ - _____

***** PLEASE PRESENT RECEPTIONIST WITH INSURANCE CARDS AND/OR CLAIM FORMS. *****

I HEREBY ASSIGN ALL MEDICAL AND/OR SURGICAL BENEFITS, TO INCLUDE MAJOR MEDICAL BENEFITS TO WHICH I AM ENTITLED TO STOCKDALE PODIATRY GROUP, INC.

THIS ASSIGNMENT WILL REMAIN IN EFFECT UNTIL REVOKED BY ME IN WRITING. A PHOTOCOPY OF THIS AGREEMENT IS TO BE CONSIDERED AS VALID AS THE ORIGINAL. I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL CHARGES WHETHER OR NOT PAID BY SAID INSURANCE. I HEREBY AUTHORIZE SAID ASSIGNEE TO RELEASE ALL INFORMATION NECESSARY TO SECURE PAYMENT.

PATIENT'S SIGNATURE _____ DATE _____