APPLE HILL PODIATRY ASSOCIATES, P.C.

DEE STELMACH, D.P.M., FACFAS
DAVID F. BASKWILL, D.P.M., FACFAS, FACFO

PLEASE PRINT

PATIENT INFORMATION TODAY'S DATE_____

NAME_____ MARITAL STATUS: S M W D SEX: M F

ADDRESS_____ CITY_____ STATE_____ ZIP_____

HOME TELEPHONE #_____ BIRTHDATE_____ AGE_____

SOCIAL SECURITY #_____ EMPLOYER_____ WORK #_____

INSURANCE INFORMATION

PRIMARY INSURANCE

Policy Subscriber:

NAME_____ MARITAL STATUS: S M W D SEX: M F

ADDRESS_____ CITY_____ STATE_____ ZIP_____

HOME TELEPHONE #_____ BIRTHDATE_____ AGE_____

SOCIAL SECURITY #_____ EMPLOYER_____ WORK #_____

SUBSCRIBER EMPLOYMENT STATUS:

STUDENT_____ FULL TIME EMPLOYED_____ NOT EMPLOYED_____

PART TIME EMPLOYED_____ SELF EMPLOYED_____ RETIRED_____

IS THE POLICY SUBSCRIBER: PATIENT_____ SPOUSE _____ PARENT/GUARDIAN _____OTHER _____

INSURANCE COMPANY NAME_____

ADDRESS_____ TELEPHONE #_____

GROUP NUMBER_____ INSURED ID# or POLICY NO._____

Do you have a COPAY (yes/no)? _____ COPAY Office Visit Amount? _____

Do you have a DEDUCTIBLE (yes/no)? _____ DEDUCTIBLE Amount? _____

Do you have a COINSURANCE % PAYMENT (yes/no)? _____ COINSURANCE % _____

SECONDARY/OTHER INSURANCE

Policy Subscriber:

NAME_____ MARITAL STATUS: S M W D SEX: M F

ADDRESS_____ CITY_____ STATE_____ ZIP_____

HOME TELEPHONE #_____ BIRTHDATE_____ AGE_____

SOCIAL SECURITY #_____ EMPLOYER_____ WORK #_____

SUBSCRIBER EMPLOYMENT STATUS:

STUDENT_____ FULL TIME EMPLOYED_____ NOT EMPLOYED_____

PART TIME EMPLOYED_____ SELF EMPLOYED_____ RETIRED_____

IS THE POLICY SUBSCRIBER: PATIENT_____ SPOUSE _____ PARENT/GUARDIAN _____OTHER _____

INSURANCE COMPANY NAME_____

ADDRESS_____ TELEPHONE #_____

GROUP NUMBER_____ INSURED ID# or POLICY NO._____

Do you have a COPAY (yes/no)? _____ COPAY Office Visit Amount? _____

Do you have a DEDUCTIBLE (yes/no)? _____ DEDUCTIBLE Amount? _____

Do you have a COINSURANCE % PAYMENT (yes/no)? _____ COINSURANCE % _____

(FOR OFFICE USE ONLY)

WHO IS YOUR FAMILY PHYSICIAN?_____ UPIN #

WHICH PHYSICIAN REFERRED YOU TO OUR OFFICE?_____ UPIN #

WHO ELSE MIGHT WE THANK FOR REFERRING YOU TO OUR OFFICE?_____

WHO MAY WE CONTACT IN CASE OF AN EMERGENCY_____ PHONE #_____