TEXAS FOOT & ANKLE SPECIALISTS

P. David Applegate DPM | Rayven Bridges DPM | Jason Bahng DPM
24022 Cinco Village Center Blvd. | 16902 Southwest Fwy. Suite 210.
Suite 240. Katy, TX 77494 Sugar Land, TX 77479
p: 832-376-8600 f: 832-376-8686
www.TXFootAnkle.com

PATIENT INFORMATION

First Name:_____ Last Name:_____ MI:_____ Gender: M __F__
Suffix (Jr, Sr, III):_____ SS#:_____ Age:_____ Date of Birth:_____
Marital Status: Married __Single __Domestic Partner __Divorced __Separated __Widowed __Minor__
Address:_____
City:_____ State:_____ Zip:_____
Home:( )_____ Cell:( )_____ Business:( )_____
Preferred Contact: Home __Business __Cell__ May we leave detailed messages at that number?:Y__N___
E-Mail:_____
Employed: YES __NO __ Employer Name:_____ Occupation:_____
Emergency Contact:_____ Relation:_____ Phone#:( )_____

NOTE: In order for us to file a claim on your behalf, this section must be completed in its entirety

RESPONSIBLE PARTY FOR ACCOUNT (IF DIFFERENT THAN PATIENT)

Name:_____ Relationship to patient:_____
Address:_____
City:_____ State:_____ Zip:_____
Home:( )_____ Cell:( )_____ Business:( )_____

INSURANCE INFORMATION

Primary Insurance Name:_____ Plan Type: HMO __PPO __Other_____
Policy/Member ID#:_____ Group#:_____Effective Date:_____
Insured Name:_____ Employer:_____
Date of Birth:_____ Relationship to patient:_____

Secondary Insurance Name:_____ Plan Type: HMO __PPO __Other_____
Policy/Member ID#:_____ Group#:_____ Effective Date:_____
Insured Name:_____ Employer:_____
Date of Birth:_____ Relationship to patient:_____

VISIT INFORMATION

Please briefly describe the reason for your visit:_____

Which foot is this problem in?: Left __Right __Both__ What size shoe do you wear?:_____

How tall are you?:_____ What is your current weight?:_____
How did you find out about our practice?:Physician __ Internet __ Friend __ Other:_____
Whom can we specifically thank for your referral?:_____
Primary Care Physician:_____ Physician Phone#:_____
Preferred Pharmacy name :_____ **Pharmacy phone #:**_____
Pharmacy Address:_____

MEDICAL HISTORY
List all medical conditions you take medications for:_____
_____
List any serious injuries and the age at which they occurred:_____
_____
List any allergies and type of reaction:_____
_____
List all prior surgeries:_____
_____
List any medications you take on a daily basis:_____
_____
_____
_____
Do you use: Tobacco __ Alcohol __ Drugs__ Frequency of use:_____
_____

IMMUNIZATIONS
Measles __ Mumps __ Tetanus __ Polio __ Influenza __ Typhoid __ Chicken Pox __ TB __
Pneumonia__ Other If other, please list:_____
_____

FAMILY HISTORY Is there a family history of any of these disorders?
TB__ Heart__ Migraines__ Cancer __ Kidney __ Spine __ Diabetes __ Gout __ Arthritis __ Hypertension__
Epilepsy __ Mental __ Allergies __ Other_____

Review of Systems

Constitutional	☐ **Fever**	☐ **Chills**	☐ **Nausea**	☐ **Vomiting**
Head	☐ **Dizziness**	☐ **Fainting**	☐ **Headache**	☐ **Migraines**
Respiratory	☐ **Cough**	☐ **Difficulty Breathing**	☐ **Shortness of Breath**	☐ **Wheezing**
Cardiovascular	☐ **Chest Pain** ☐ **Varicose Veins**	☐ **Cramps (Leg/feet)** ☐ **Vascular Grafts**	☐ **Leg or Foot Ulcers**	☐ **Palpitations**
Gastro-Intestinal	☐ **Constipation**	☐ **Diarrhea**	☐ **Excessive Thirst**	☐ **Heartburn**

Musculoskeletal	☐ Arthritis ☐ Muscle Pain	☐ Back Problems ☐ Stiffness	☐ Joint Pain ☐ Weakness	☐ Muscle Cramps
Skin	☐ Athletes Foot ☐ Ingrown nails	☐ Dryness ☐ Itching	☐ Fungal Nails	☐ Hives
Neurological	☐ Burning ☐ Tremors	☐ Fainting	☐ Numbness	☐ Tingling
Hematological	☐ Anemia	☐ Bleeding Disorder	☐ Bleeding Easily	☐ Easy Bruisability
Genitourinary	☐ Burning ☐ Stones	☐ Excessive Urination	☐ Kidney	

Signature:_____ Date:_____

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PRACTICE FINANCIAL POLICY

Thank you for choosing Texas Foot and Ankle Specialists as part of your health care team. We are committed to meeting your healthcare needs and keeping your insurance and other financial arrangements as simple as possible. We ask that you take a few moments to read our Financial Policy and sign below.

By signing below, you are agreeing to these terms:

1. You are ultimately responsible for payment of charges for services you receive from this practice, including those covered by your insurance. As a convenience, this practice will submit claims for reimbursement with your insurance provider; however, **all payment responsibility is ultimately yours.**
2. If you have no insurance, you are responsible for all services rendered.
3. Your insurance policy is a contract that exists between you and your insurance company. Our relationship is with you, the patient, and not the insurance company. If you have questions about your policy, please call the phone number provided on the back of your insurance card.
4. **It is your responsibility to know the specifics of your policy** (referral requirements, in and out of network physicians and facilities, etc.). Most private insurance policies (non Medicare/Medicaid) plans now have deductibles, copayments, co-insurances, maximums and limitations (out of pocket expenses).
5. **Immediate payment is expected at the time of service.** This may include a co-pay and additional payment if this practice determines that the cost of my visit today will not be reimbursed by my insurance provider. This often happens if my deductible is not yet satisfied.
6. This practice may deny service for failure to pay a co-pay or patient responsibility at the time of service.
7. If your annual out of pocket expenses have not been met, and **if Texas Foot and Ankle Specialists is able to estimate your care, you will be asked to pay my full estimated patient responsibility during your visit based on your insurance plan coverage.**
8. ***Care estimates are not guaranteed to be reflective of final charges for your visit. Your insurance company will make a final determination as to how much you owe after the claim for your visit is processed.***
9. If you are unable to pay the full cost of your care today, payment plans may be available. We will require that a credit card be stored on file for all payment plans. In addition, Texas Foot and Ankle Specialists offers Care Credit plans for those in need of it.
10. If your annual out of pocket expenses have not been met, and **if Texas Foot and Ankle Specialists is unable to estimate your care, you will be asked to pay a $125 deposit during your visit.** This will be applied to your account and a statement will be sent reflecting any additional monies owed following response from your insurance carrier.
11. Should your account reflect a credit following final claim determination by your insurance

company, Texas Foot and Ankle Specialists will issue you a check via mail within 30 days of our receipt of your final claim determination.

12. **Ultimate payment by your insurance company cannot be guaranteed by our staff.** If you have any concerns, we advise you to contact your insurance company.
13. We rely on you to inform us of all insurances in effect and to notify the office immediately of any changes with your insurance. If you do not inform us of changes, you will be responsible for the services rendered.
14. If we are not provided ALL insurance information at the time of service, you will be responsible for paying Texas Foot and Ankle Specialists directly at our self-pay rate and then submitting for reimbursement from your insurance company.
15. When multiple insurance policies exist, it is the patient's responsibility to inform us which policy is the primary plan. If we are not provided ALL insurance information at the time of service, you will be responsible for paying Texas Foot and Ankle Specialists directly and then submitting for reimbursement from your insurance company.
16. Past due accounts, more than 90 days, will be turned over to our collection agency and a $35 administrative fee will be added to the account balance.
17. **MISSED APPOINTMENT POLICY**: If you miss an appointment, or cancel an appointment less than 24 hours of the appointment time, you may be assessed a $25 fee. Missed appointment fees are the responsibility of the patient.

I have read and understand the Financial Policy of Texas Foot and Ankle Specialists

Patient's Name (print): _____

Date of birth: _____

Patient's/Guardian's Name: _____

Signature: _____

Date: _____

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MEDICAL RECORDS RELEASE FORM (OPTIONAL)

Patient Name:_____ Patient Date of Birth:_____

By signing this form, I consent to release my confidential health information, by releasing a copy of my medical records, or a summary or narrative of my protected health information, to the below named organization or individual.

The information you may release subject via this signed release form is as follows:

__All Records
__Progress Notes
__Radiology
__Reports/Images
__Operative Reports

I consent to the release of my protected health information to the following organization or individual:

Release To:_____
Relation to Patient::_____
Address:_____
City, State, Zip:_____
Phone:_____

_____ Patient Name	_____ Patient or Personal Representative Signature
_____ Patient Date of Birth or SSN	_____ Printed Name of Patient or Personal Representative
_____ Date	_____ Description of Personal Representative's Authority

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FINANCIAL POLICY ACKNOWLEDGEMENT

PATIENT NAME: _____
PATIENT DOB: _____
DATE OF VISIT: _____

In an effort to provide pricing transparency to our patients, Texas Foot and Ankle Specialists is now providing care estimates during patients visits for a select number of insurance plans. Please initial the below excerpts from our full financial policy confirming your understanding of our policies.

By initialing below, I understand and recognize that:

_____ If my annual out of pocket expenses have not been met, and Texas Foot and Ankle Specialists *IS ABLE TO ESTIMATE MY CARE*, **I will be asked to pay my full estimated patient responsibility today based on my insurance plan coverage**.

_____ **Care estimates are not guaranteed to be reflective of my final charges for my visit today**. My insurance company will make a final determination as to how much I owe after the claim for my visit is processed.

_____ If my annual out of pocket expenses have not been met, and Texas Foot and Ankle Specialists *IS UNABLE TO ESTIMATE MY CARE*, **I will be required to pay a $125 deposit today.**

_____ I am ultimately responsible for all charges incurred while under the care of Texas Foot and Ankle Specialists, and **will receive a statement for any final balance due for today's visit**.

EFFECTIVE DATE: 07/2021

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EFFECTIVE DATE: 07/2020

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health care operations. Your health information may be used as necessary to support the day-to-day activities and management of Texas Foot and Ankle Specialists. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law enforcement. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public health reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Additional Uses of Information

Appointment reminders. Your health information will be used by our staff to send you appointment reminders.

Information about treatments. Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition.. We may also send you information describing other health-related products and services that we believe may interest you.

Individual Rights

You have certain rights under the federal privacy standards. These include:

· The right to request restrictions on the use and disclosure of your protected health information
· The right to receive confidential communications concerning your medical condition and treatment
· The right to inspect and copy your protected health information
· The right to amend or submit corrections to your protected health information
· The right to receive an accounting of how and to whom your protected health information has been disclosed · The right to receive a printed copy of this notice

Texas Foot and Ankle Specialists' Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting David Applegate, DPM. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Amanda Knowles
OFFICE MANAGER
Texas Foot and Ankle Specialists
24022 Cinco VIllage Center Blvd. Suite 240.
Katy, TX 77494

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person

The name and address of the person you can contact for further information concerning our privacy practices is:

Amanda Knowles
OFFICE MANAGER
Texas Foot and Ankle Specialists
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