

Welcome to Our Office
Hugar Foot & Ankle Specialists

Name _____ Date _____

Address _____ City/State _____ Zip _____

Home Phone _____ Work _____ Cell _____

SS# _____ Age _____ Birth date _____ Gender: Male Female

Email address _____ Marital Status: S M W D

Employer _____ Address _____ Phone _____

Spouse's Name _____ Employer _____ Phone _____

How did you hear about Hugar Foot & Ankle Specialists: (please circle or fill in blanks)

AT&T/Dex Yellow Pages Yellow Book Yellow Pages Yellow Pages.com other phone book

Saw Office Sign Live in Area Home Mailer/Coupon Newspaper Ad Book Website Internet Search Newsletter

Prior Patient Referral (name) _____ other _____

Doctor Referral (name) _____ other _____

Insurance Company Information

Name of Insurance Company _____ Policy # _____

Name of Insured _____ Insured Date of Birth _____ Insured SS# _____

Secondary/Additional Insurance _____ Policy # _____

Family Doctor Name _____ Phone _____ Last Visit _____

Emergency Contact _____ Relationship _____ Phone _____

By signing below, I hereby give permission to Hugar Foot & Ankle Specialists / Dr. Donald W. Hugar Ltd, to release any information requested by my insurance company that is acquired during the course of my examination and treatment. I also give permission to Hugar Foot & Ankle Specialists to evaluate, diagnose, and upon my approval, treat my foot and/or ankle condition.

Signature _____ Date _____ Relationship if not signed by patient _____

Government Mandated HIPPA Disclosure Section

Acknowledgement of Receipt of Notice of Privacy Practices Provided by Hugar Foot & Ankle Specialists

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read or had the opportunity to read the Privacy Notice. This notice describes how this office will protect my healthcare information from unauthorized disclosures or use.

Signature _____ Date _____ Relationship if not signed by patient _____