



Brian M. Bowen, DPM | Timothy Mineo, DPM

May we leave personal medical information on your answering machine or cell phone? YES NO

Do you give our office permission to discuss your medical information with family members or other caregivers? YES NO

If yes, name: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone # (day): (____) _____ Cell# _____

Insurance information: If you are NOT the policy holder for your insurance please fill that person's information in the area below. Example: Husband or parent

Name _____ Relationship _____

Address _____

Birthday _____ SS# _____ phone _____

Please hand your insurance cards and photo ID to the receptionist.

I understand that it is my responsibility to know what my insurance plan covers and the details of my plan. I acknowledge that I am financially responsible for all charges. If it becomes necessary to effect collections of any amount owed on this or subsequent visits, the undersigned agrees to pay for all legal costs and expenses, including reasonable attorney fees. I hereby authorize the doctor to release information necessary to secure payment.

COPAYMENT IS DUE WHEN SERVICES ARE RENDERED. NO EXCEPTIONS.

FAILURE TO SHOW AT YOUR SCHEDULED APPOINTMENT WITHOUT 24 HOURS NOTICE WILL RESULT IN A CHARGE TO YOUR ACCOUNT FOR \$50.

If you are interested in these services and your insurance does not cover them, you will be financially responsible for the following fees-

- Nail cutting service is a \$60.00 charge
- Callus trimming service is an \$60.00 charge

Signature: _____ Date: _____

I give my permission to Dr. Brian Bowen, Dr. Timothy Mineo or associates and assistants to examine and treat my feet/ankles. I also understand that it is my responsibility to know what my plan covers and the details of my plan and that I am financially responsible for the services rendered.

Patient Signature (or guardian)

Today's date

If minor, Responsible party _____

Relationship to patient _____

Telephone _____ SS# _____