

WM. J. WEISSINGER, DPM, DABPS

Foot Surgery
488 New York Avenue
Huntington, N.Y. 11743-3542

PATIENT REGISTRATION FORM

(Please Print)

PATIENT INFORMATION

Date _____ Home Phone _____
Name _____ Soc. Sec. No. _____
Last Name First Name Initial
Address _____
City _____ State _____ Zip _____
Sex M F Age _____ Birthday _____ Single Married Widowed Separated Divorced
Patient Employed By _____ Occupation _____
Business Address _____ Business Phone _____
In case of emergency who should we notify? _____

PRIMARY INSURANCE

Person Responsible for Account _____
Last Name First Name Initial
Relation to Patient _____ Birthdate _____ Soc. Sec. No. _____
Address (if different from patient) _____ Phone _____
City _____ State _____ Zip _____
Person Responsible Employed By _____ Occupation _____
Business Address _____ Business Phone _____
Insurance Company _____
Contract No. _____ Group No. _____ Subscriber No. _____
Name of Other Dependents Covered Under this Plan _____

ADDITIONAL INSURANCE

Is patient covered by additional insurance? Yes No
Subscriber Name _____ Relation to Patient _____ Birthdate _____
Address (if different from patient) _____ Phone _____
City _____ State _____ Zip _____
Subscriber Employed By _____ Business Phone _____
Insurance Company _____ Soc. Sec. No. _____
Contract No. _____ Group No. _____ Subscriber No. _____
Name of Other Dependents Covered Under this Plan _____

ASSIGNMENT AND RELEASE

I, the undersigned certify that I (or my dependent) have insurance coverage with _____
Name of Insurance Company
and assign all insurance benefits to **WILLIAM J. WEISSINGER D.P.M., DABPS** if any, otherwise payable to me for services rendered.
488 NEW YORK AVENUE
HUNTINGTON, NEW YORK 11743-3542
Understand that I am financially responsible for all charges under the named insurance. I hereby authorize the named doctor to release all
information necessary to secure the payment of benefits. I authorize the use of my signature on all insurance submissions.

Responsible Party Signature

Relationship

Date