

**MARYLAND FOOT & ANKLE ASSOCIATES / MIRKIN FOOT ASSOCIATES / MICHAEL TRITTO, D.P.M. /
MID-PIKE SURGICAL CENTER / FOOT & ANKLE ASSOCIATES**

**Gene Mirkin, D.P.M. • Michael Tritto, D.P.M. • Dennis Weber, D.P.M.
Donna Gievers, D.P.M. • Glenda King, D.P.M.**

10901 Connecticut Avenue, Suite 200, Kensington, MD 20895 • (301) 949-2000
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2415 Musgrove Road, Suite 103, Silver Spring, MD 20904 • (301) 384-6500

TODAY'S DATE

PERSONAL INFORMATION	Full Legal Name		First	M.I.	Last	Marital Status		Date of Birth	Age	
						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> Sep <input type="checkbox"/> Div.				
			Social Security No.							
	Address: Street & Apt. No.			City & State		Zip Code	Home Phone No.			
							()			
	Occupation		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Employer's Name			Work Phone No.		
								()		
	Employer's Address				City & State		Zip Code	How Long Employed?		
	If Student			Name of School						
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time									
	Spouse or Parent's Name				Employer			Work Phone No.		
								()		
	Financially Responsible Person			Name If Different From Patient				Home Phone: ()		
							Work Phone: ()			
Person, Other Than Spouse, To Contact In Case of Emergency						Phone No.		Relationship		
						()				
How did You Find Out About Our Practice?										
<input type="checkbox"/> Yellow Pages <input type="checkbox"/> Other Patient <input type="checkbox"/> Friend <input type="checkbox"/> Doctor's Referral <input type="checkbox"/> Ins. Co. <input type="checkbox"/> Other _____										
Referring Physician or Friend's Name					Address					
Family or Primary Physician					Address					
INSURANCE	PRIMARY Insurance Co.									
	Name of Policyholder						Date of Birth		Relationship	
	SECONDARY Insurance Co.									
Name of Policyholder						Date of Birth		Relationship		

MEDICARE ASSIGNMENT OF BENEFITS AND AUTHORIZATION TO RELEASE INFORMATION

I authorize Mirkin Foot Associates, Michael Tritto, D.P.M., Maryland Foot & Ankle Associates, or Foot & Ankle Associates, Mid-Pike Surgical Center to bill Medicare on my behalf for services rendered and further authorize payment of any benefit to them (Dr. Gene Mirkin, Dr. Michael Tritto, Dr. Dennis Weber, Dr. Donna Gievers and Dr. Glenda King). I authorize them to release any medical information necessary to secure payment of these claims.

_____ Date

_____ Signature

OTHER ASSIGNMENT OF BENEFITS AND AUTHORIZATION TO RELEASE INFORMATION

I authorize Maryland Foot & Ankle Associates, Mirkin Foot Associates, Michael Tritto, D.P.M., Mid-Pike Surgical Center, Foot & Ankle Associates to bill my insurance on my behalf for services rendered and further authorize payment of any benefit to which I am entitled to them (Dr. Gene Mirkin, Dr. Michael Tritto, Dr. Dennis Weber, Dr. Donna Gievers and Dr. Glenda King). I understand that I am financially responsible for any amount not covered by the contract. I authorize them to release to my insurance carrier any information concerning my health care, advice, treatment or supplies provided which may be necessary to secure payment of these claims.

_____ Date

_____ Signature