



TO; ALL ASSISTED LIVING FACILITIES

RE: PAPERWORK NEEDED TO SEE OUR DOCTORS

ATTENTION; PLEASE ONLY USE OUR NEW PAPERWORK

Thank you in advance for your understanding and cooperation in assisting us to care for your Residents and Families.

We will require several items sent to us COMPLETED in order to see any Patient, especially for the first time.

1. Demographic information including Phone numbers and addresses for POA or Responsible Parties. This includes the basic information of the patient including Date of Birth and Social Security Number.
2. Copies of the Front and Back of patient's current Insurance Cards. The MEDICARE CARD MUST HAVE THE NEW NUMBERS THAT DO NOT CONTAIN SSN TO BE VALID
3. Copies of Secondary Insurance cards front and back.
4. Attached to this document you will find our Financial Policy, HIPAA form, Authorization for Treatment and Authorization to bill insurance.
5. Signatures must be made in ALL PLACES. The total number of signatures needed is 4 as the Authorization has 2 places to sign, the HIPAA (found on the reverse side of the authorizations page) has 1 and the Financial Policy (a separate document) has 1 place to sign.
6. Copy of the Patient's current Medication list with any ALLERGIES to Medications Noted
7. Name and Phone number of the Patient's PCP or PA/ARNP and THE LAST DATE SEEN IF KNOWN.
8. Name, address and contact information of responsible party and/or guardian

Again, our thanks for helping to make this process go smoothly so the appropriate Residents can be seen and cared for in a timely manner.

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