



Greenberg Foot & Ankle, LLC

1989 Miamisburg Centerville Rd Ste 200
Dayton OH 45459
P: 937-938-6444 F: 937-834-8636
www.GFAOhio.com

Welcome to Greenberg Foot & Ankle!

We are providers of medical and surgical management of foot and ankle disorders, providing comprehensive care for patients of all ages. Our offices are staffed and equipped to treat medical conditions with the most modern and appropriate techniques available. We strive to provide you with the best service possible with the caring you expect from the area's leading physicians in the treatment of the lower extremity.

Please familiarize yourself with our office policies on these registration forms. A copy of the Notice of Privacy Practices can be found as a downloadable form on our website in addition to the registration desk when you arrive for your appointment.

Please see our website for our current office COVID-19 policies.

Greenberg Foot & Ankle is committed to making our office a safe and healthy place for our patients and medical staff. Mask requirement in our office is determined on a day to day basis. Please understand that we are self-employed and not governed exclusively by any hospital network or medical group. Therefore, our policies may differ in some ways to medical groups and the hospital/medical center in close proximity to our offices.

You can find useful information and answers to your questions at the websites for the Ohio Department of Health (ODH) and the Center for Disease Control (CDC).

When you come to one of our offices for the first time, please arrive 15 minutes early and bring the following items with you:

1. Completed and signed registration forms
2. Current insurance card(s)
3. Method of payment for services (cash, check or charge), including copays and deductibles if they apply
4. Parent or guardian if the patient is a minor (under age 18)

Cancellations/Late Arrivals/Missed Appointments:

We understand that circumstances arise that can make you late or miss your appointment. Please have the courtesy to inform our staff as soon as possible if you are unable to keep your appointment. As a specialist our schedule fills up quickly, so giving us notification if you are unable to keep your appointment allows us to schedule other patients in that appointment time.

If you arrive late for your appointment, we reserve the right to reschedule you for another date.

Multiple cancellations and/or missed appointments may result in missed appointment fees or even the dismissal from the practice.

We thank you for choosing Greenberg Foot & Ankle. We hope your experience is a good one, we take great pride in the work and care we give to our patients. The greatest compliment is the trust you put in our physicians and staff and by referring family and friends to our office.



Greenberg Foot & Ankle

Washington Township Medical Arts Center
formerly Southview Medical Arts Center
1989 Miamisburg Centerville Rd
Suite 200
Dayton, OH 45459

937-938-6444

www.GFAOhio.com

NEW PATIENT

PATIENT INFORMATION

LEGAL NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____

CITY, STATE, ZIP _____

PRIMARY PHONE NUMBER _____ HOME CELL

SECONDARY PHONE NUMBER _____ HOME CELL

EMAIL ADDRESS _____
FOR PATIENT PORTAL USE AND APPOINTMENT REMINDERS

SOCIAL SECURITY: _____

DATE OF BIRTH _____ (MM/DD/YYYY)

MARITAL STATUS SINGLE MARRIED DIVORCE WIDOWED

SEX MALE FEMALE OTHER _____

EMERGENCY CONTACT

NAME: _____

RELATIONSHIP TO PATIENT: _____

CONTACT NUMBER: _____

FAMILY DOCTOR/PRIMARY CARE PHYSICIAN

NAME _____

CITY _____

OFFICE PHONE NUMBER: _____

PHARMACY

NAME: _____

ADDRESS/CITY _____

PHONE _____

REFERRAL SOURCE

- FAMILY/FRIEND/CURRENT PATIENT
- GFA WEBSITE
- INSURANCE COMPANY
- INTERNET SEARCH
- FAMILY DOCTOR/PCP
- OTHER DOCTOR/SPECIALIST
- DR _____
- OTHER _____

FINANCIALLY RESPONSIBLE PARTY

SELF (SKIP SECTION) OTHER (FILL IN BELOW)
RELATIONSHIP TO PATIENT _____

LEGAL NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____

CITY, STATE, ZIP _____

PRIMARY PHONE NUMBER _____ HOME CELL

SOCIAL SECURITY: _____

DATE OF BIRTH _____ (MM/DD/YYYY)

INSURANCE INFORMATION

PRIMARY INSURANCE: SELF PAY

POLICY HOLDER SELF RESPONSIBLE PARTY OTHER (FILL IN BELOW)
LISTED ABOVE

COMPANY NAME: _____

POLICY HOLDER'S NAME: _____

POLICY HOLDER'S DATE OF BIRTH: _____

RELATIONSHIP TO PATIENT: _____

SECONDARY INSURANCE:

NOT APPLICABLE (NO SECONDARY INSURANCE)

POLICY HOLDER SELF RESPONSIBLE PARTY OTHER (FILL IN BELOW)

COMPANY NAME: _____

POLICY HOLDER'S NAME: _____

POLICY HOLDER'S DATE OF BIRTH: _____

RELATIONSHIP TO PATIENT: _____

I certify that the information I have given is true and correct.

SIGNATURE

DATE



MEDICAL HISTORY

Greenberg Foot and Ankle

Patient Name: _____ Date of Birth _____

What is the reason for your visit today?

Have you seen a podiatrist before? Yes No Have you seen a doctor for the same reason you are here today? Yes No

Circle the medical conditions that you have now or have had in the past:

- | | | | |
|--------------------------|--------------------------------|-------------------------|-----------------------------|
| AIDS / HIV | Currently breast feeding | Heart attack | Peripheral Neuropathy |
| Anemia | Currently or possibly pregnant | Hepatitis B / C | Poor circulation |
| Angina | Depression / Anxiety | Hiatal hernia | Prostate - BPH |
| Anorexia / Bulimia | Diabetes type 1 / type 2 | High blood pressure | Psychiatric disorder |
| Arthritis _____ | Digestive disease | High cholesterol | Restless Leg Syndrome |
| Asthma | Drug or Alcohol dependency | Hyper- / Hypothyroidism | Sickle cell disease / trait |
| Bleeding disorder | Emphysema / COPD | Kidney disease | Skin disorder _____ |
| Blood clot / DVT / PE | Epilepsy / Seizure disorder | Liver disease | Sleep apnea |
| Cancer _____ | Fibromyalgia | Mitral valve prolapse | Smoker – Former / Current |
| Cardiac Arrhythmia | Glaucoma / Cataracts | Multiple Sclerosis | Stomach ulcer / GERD |
| Congestive heart failure | Gout | Overweight / Obesity | Stroke / TIA |
| CRPS / RSD | Hearing loss | Parkinson’s Disease | Tuberculosis |

Others: _____

Current Medications: (Attach list if needed. Include both prescription and over-the-counter.)

Allergies and Sensitivities:

Past Surgeries:

Complications with anesthesia? Yes No _____
Artificial joints or valves? Yes No _____

Are there any medical conditions that run in your family? (Blood relatives only)

Mother's side: Don't know No Yes: _____
Father's side: Don't know No Yes: _____
Children: Don't have any No Yes: _____



Greenberg Foot and Ankle Financial Policy

At Greenberg Foot and Ankle, we are committed to providing high-quality care to all of our patients. To ensure the smooth operation of our practice and to avoid any misunderstandings, we ask that all patients read and understand the following financial policy.

1. Assignment of Benefits

By signing below, you authorize payment directly to Greenberg Foot and Ankle for any benefits payable under your health insurance plan, including but not limited to Medicare, Medicaid, or private health insurance. You acknowledge that you are responsible for payment of all fees for services rendered, regardless of whether or not your insurance covers the charges. Any unpaid balance after your insurance has paid or declined to pay will be your responsibility.

2. No Show/Missed and Cancellation Fees

We understand that circumstances can sometimes prevent you from keeping your scheduled appointments. However, missed appointments and last-minute cancellations prevent us from providing timely care to other patients. Therefore, we have the following policies in place:

- **Office Visit Appointments:** A \$50 fee will be charged for missed appointments or cancellations made with less than 24 hours' notice.
- **Office Surgery Appointments:** A \$100 fee will be charged for missed or cancelled appointments with less than 48 hours' notice.

These fees are not covered by insurance and are the responsibility of the patient. We encourage you to notify our office as soon as possible if you need to cancel or reschedule your appointment.

3. Returned Check Fee

A \$50 fee will be charged for any checks returned by the bank for insufficient funds or any other reason. This fee is in addition to any bank charges Greenberg Foot and Ankle may incur as a result of the returned check.

4. Payment for Services

Payment is due at the time of service unless other arrangements have been made in advance. We accept various forms of payment, including credit cards, debit cards, checks, and cash. We also offer payment plans for qualifying patients.

If you have insurance, please be aware that you are responsible for all deductibles, copayments, and coinsurance as determined by your insurance carrier. We will file your claims on your behalf and make every effort to ensure timely reimbursement from your insurance company.

5. Insurance and Billing

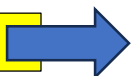
It is the patient's responsibility to provide accurate and up-to-date insurance information. Please bring your insurance card to each visit. If your insurance changes during the course of treatment, it is important to notify our office immediately to avoid delays in billing.

If your insurance company fails to pay a claim, you are responsible for the payment. Any outstanding balances are due within 30 days of the date of the invoice. If payment is not received within this time frame, we reserve the right to send your account to collections.

6. Prior Authorizations and Pre-certifications

Certain services, procedures, or treatments may require prior authorization or pre-certification from your insurance company before we can proceed with providing care. We do our best to obtain that for you, however it is your responsibility to verify with your insurance carrier whether prior authorization or pre-certification is required for any scheduled service.

TURN OVER FOR REQUIRED SIGNATURE





Greenberg Foot and Ankle Financial Policy

7. Referrals

If your insurance plan requires a referral for specialists, it is your responsibility to obtain a referral from your primary care physician prior to your appointment with Greenberg Foot and Ankle. Please ensure that we have a valid referral at the time of your visit to avoid any delays or denials of coverage. If we do not receive the necessary referral at the time of service, you may be responsible for the full cost of the visit.

Some insurance plans require that you see your primary care physician within 6 months prior to seeing Dr. Greenberg. It is your responsibility to follow your plan's requirements; failure to comply places financial responsibility on you.

8. HIPAA Compliance

We are committed to protecting the privacy of your health information as required by the Health Insurance Portability and Accountability Act (HIPAA). Our practice has implemented policies and procedures to ensure that your information is kept confidential and secure. A copy of our Notice of Privacy Practices is available upon request in our office or it can be viewed on our website. By signing below, you acknowledge that you have received and read the HIPAA Notice of Privacy Practices.

9. Communication Consent

You agree to provide accurate and updated contact information to Greenberg Foot and Ankle and understand that it is your responsibility to notify our office of any changes to your contact details. You authorize Greenberg Foot and Ankle, as well as its business partners, to contact you using the phone number, email address, or other contact information you have provided, whether it is current or future. This authorization includes the use of mobile phone numbers, landline phones, email addresses, or text messaging services.

Specifically, you consent to be contacted via:

- Pre-recorded or artificial voice messages
- Automatic telephone dialing systems
- Text messages
- Email correspondence

You acknowledge that these communications may occur for appointment reminders, billing matters, or other communications related to your care. You understand that your wireless provider may charge you for receiving text messages or phone calls, and you agree to bear any such charges. If you do not wish to receive such communications, you may opt out at any time by notifying our office.

Acknowledgement and Agreement

By signing below, I acknowledge that I have read and understand the financial policy of Greenberg Foot and Ankle, including the communication consent section. I agree to pay for services rendered in accordance with the terms outlined in this policy. I further authorize Greenberg Foot and Ankle to contact me via the methods described above. I understand that if I do not comply with this policy, it may affect my ability to receive care at this practice.

Patient Name (printed): _____

Signature of Patient/Guardian: _____

Date: _____

If you have any questions regarding our financial policies or need assistance with billing matters, please contact our office at 937-938-6444. Thank you for choosing Greenberg Foot and Ankle for your care.