

Virginia Foot & Ankle Center, P.C.

www.vafootankle.com

Phone 804-285-3933

Account Number: _____

Patient Demographics

Please check which doctor you are seeing today.

Scott T. Vantre, D.P.M., F.A.C.F.A.S.

John J. Kadukammakal, D.P.M., F.A.C.F.A.S.

Amy Kruger, D.P.M

Scott T. Vantre, D.P.M.
Fellow, American College of
Foot & Ankle Surgeons

John J. Kadukammakal, D.P.M.
Fellow, American College of
Foot & Ankle Surgeons

Amy M. Kruger, D.P.M.

Patient Name: _____ Birth Date: _____

Check one: Male Female SSN: _____

Address: _____

Preferred Phone #: _____ Secondary Phone #: _____

E-mail Address: _____

Marital Status (Check one): Single Married Divorced Widowed
 Separated

Occupation (Check one): Full Time Part Time Retired Not Employed

Preferred Language: _____ Race: _____

Referring Physician Name: _____

Primary Care Physician Name: _____

Pharmacy Name, Address, and Phone # (REQUIRED):

Offices:

West End/Richmond
2008 Bremo Road
Suite #100
Richmond, Va 23226
Fax 804-288-1384

Mechanicsville
Dominion Medical Park
8239 Meadowbridge Road
Suite D
Mechanicsville, Va 23116
Fax 804-422-0971

Bill To (If different than patient, REQUIRED if patient is under 18 years of age.)

Name: _____ Birth Date: _____

Relationship to patient: Parent/Child Spouse Self Other _____

Phone #: _____ Address: _____

Insurance Information

Primary Insurance Provider: _____

Card/ID #: _____ Group #: _____

Cardholder Name: _____ Birth Date: _____

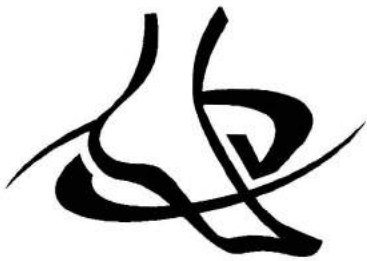
Relationship to Patient (Check one): Parent/Child Spouse Self Other

Secondary Insurance Provider: _____

Card/ID #: _____ Group #: _____

Cardholder Name : _____ Birth Date: _____

Relationship to Patient (Check one): Parent/Child Spouse Self Other



Virginia Foot & Ankle Center, P.C.

www.vafootankle.com

Phone 804-285-3933

Scott T. Vantre, D.P.M.
Fellow, American College of
Foot & Ankle Surgeons

John J. Kadukammakal, D.P.M.
Fellow, American College of
Foot & Ankle Surgeons

Amy M. Kruger, D.P.M.

Offices:

West End/Richmond
2008 Bremo Road
Suite #100
Richmond, Va 23226
Fax 804-288-1384

Mechanicsville
Dominion Medical Park
8239 Meadowbridge Road
Suite D
Mechanicsville, Va 23116
Fax 804-422-0971

Diagnostic History (Check conditions you have or have had in the past.)

- AIDS HIV+ Asthma Bleeding Disorders Blood Clot Gout
- Cataracts Diabetes Emphysema Glaucoma Heart Disease
- High Cholesterol Sickle Cell High Blood Pressure Stroke TIA
- Hemodialysis Joint Replacement Kidney Disease Pacemaker
- Tuberculosis Liver Disease/Hepatitis Lung Disease Polio
- Rheumatoid Arthritis Multiple Sclerosis Osteoarthritis
- Thyroid Disease Venereal Disease MRSA Dementia
- Genetic Disorder _____ Mental Illness _____
- Cancer _____

Medications (List all you are currently taking and dosage if known.)

_____	_____
_____	_____
_____	_____

Allergies (Check all known allergies and list allergies not listed.)

- Aspirin Codeine Iodine Penicillin Latex Sulfa
- Adhesive Tape NSAIDS Morphine Acetaminophen
- Local Anesthetics, type? _____
- Others: _____

Social History (Check one.)

Do you currently smoke? Yes No

Have you ever been a smoker? Yes No If yes, quit date: _____

Surgical History (List any surgeries you have had and the approximate year.)

Vitals

Height: _____ Weight: _____ Shoe Size: _____



Virginia Foot & Ankle Center, P.C.

www.vafootankle.com

Phone 804-285-3933

Reason For Visit (Please be specific):

Scott T. Vantre, D.P.M.
Fellow, American College of
Foot & Ankle Surgeons

John J. Kadukammakal, D.P.M.
Fellow, American College of
Foot & Ankle Surgeons

Amy M. Kruger, D.P.M.

Offices:

West End/Richmond
2008 Bremo Road
Suite #100
Richmond, Va 23226
Fax 804-288-1384

Mechanicsville
Dominion Medical Park
8239 Meadowbridge Road
Suite D
Mechanicsville, Va 23116
Fax 804-422-0971

Where? (Check all that apply.)

- Foot Ankle
 Left Right Top Bottom Inside Outside

How long have you had the issue?

___days ___ weeks ___months ___ years

How would you describe your pain? (Check all that apply.)

- Dull, aching Sharp, stabbing Cramping Burning Tearing

What makes it better? (Check all that apply.)

- Nothing Rest Ice Elevation Heat Bracing Inserts
 Medication Other: _____

What make it worse? (Check all that apply.)

- Physical activity Jumping Stairs Prolonged Rest
 Prolonged Standing Other: _____

Have you had previous treatments for this issue? (Check all that apply.)

- Injections Inserts Surgery Brace/Boot Medication: _____

Have you had any previous testing for this issue? (Check all that apply.)

- Xray, when/where? _____ MRI, when/where? _____

Medical History

Review Of Systems (Check any you've had in the past year.)

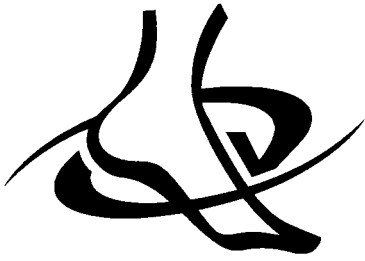
General: Chills Fever Night sweats Weight gain / loss (Circle one)

Skin: Rash Bruising Itching Hives

Cardiovascular: Chest pain Irregular heartbeat Swelling
 Shortness of breath

Musculoskeletal: Ankle pain Foot pain Hip pain Leg pain
 Knee pain Back pain Hand pain

Neurological: Headaches Numbness Tingling Weakness



Virginia Foot & Ankle Center, P.C.

www.vafootankle.com

Phone 804-285-3933

Scott T. Vantre, D.P.M.
Fellow, American College of
Foot & Ankle Surgeons

John J. Kadukammakal, D.P.M.
Fellow, American College of
Foot & Ankle Surgeons

Amy M. Kruger, D.P.M.

Offices:

West End/Richmond
2008 Bremo Road
Suite #100
Richmond, Va 23226
Fax 804-288-1384

Mechanicsville
Dominion Medical Park
8239 Meadowbridge Road
Suite D
Mechanicsville, Va 23116
Fax 804-422-0971

Surgical Out of Pocket Expenses Policy

Any prospective surgical patients will be called within a week of their office visit with an estimation of their out of pocket expense. The guidelines for amount collected are reflected below, and needs to be collected prior to the booking of the surgery.

As of January 1, 2017 the Medicare allowable amounts will be used as a guide for estimations on out of pocket expenses.

The allowable amount will then be calculated with the deductible and coinsurance guidelines set forth by the patient's insurance company. Once a monetary amount is calculated, the patient is required to pay 80% of that calculated amount prior to booking the surgery. This 80% allows some leverage as commercial insurance allowable amounts are a little different than Medicare's.

Because Virginia Foot & Ankle Center is only collecting 80% instead of the full amount, refunds should be minimal. However, if there are any overpaid amounts, the patient will be refunded after the insurance responds and the credit amount is reflected on the patient's account with Virginia Foot & Ankle Center, P.C.

Generally, podiatric surgeries are not life threatening or emergent, thus we require these monies ahead of time. However, we understand that some podiatric surgeries are emergent. If the out of pocket expense for an emergent surgery exceeds \$500.00, the patient's situation and information needs to be directed to the office manager for special consideration.



Virginia Foot & Ankle Center, P.C.

www.vafootankle.com

Phone 804-285-3933

Scott T. Vantre, D.P.M.

Fellow, American College of
Foot & Ankle Surgeons

John J. Kadukammakal, D.P.M.

Fellow, American College of
Foot & Ankle Surgeons

Amy M. Kruger, D.P.M.

Offices:

West End/Richmond

2008 Bremo Road
Suite #100
Richmond, Va 23226
Fax 804-288-1384

Mechanicsville

Dominion Medical Park
8239 Meadowbridge Road
Suite D
Mechanicsville, Va 23116
Fax 804-422-0971

As of February 1, 2017, Virginia Foot & Ankle Center, P.C. will require payment of any un-met deductible amounts and co-insurance amounts in addition to the co-pay per your insurance policy. This amount will be due at the time of your visit. We accept cash and credit cards (Visa, Mastercard, Discover, American Express, and Care Credit)

As of January 1, 2017, surgeries will not be scheduled until all out of pocket expenses are collected per our out of pocket expenses office policy. Please see our Surgical Out of Pocket Expense Policy for more details.

Insurance

We will bill your insurance company as a courtesy to you. In order for us to properly file your claims, we must have the most up-to-date information regarding your insurance coverage. With signing this policy, you are authorizing your insurance benefits to be directly paid to Virginia Foot & Ankle Center, P.C. and acknowledge that you are financially responsible for any unpaid portion of your bill that was not collected on the date of your visit or surgery.

Referrals

Some insurances require subscribers to have a referral from a primary care physician prior to being seen by a specialist. If no referral is obtained at the time of your visit, you agree to be responsible for all charges on the date of service.

Missed Appointments

Our policy is to charge a fee for any missed appointments. The fee for a no-show and/or an appointment not cancelled prior to 24 hours will be \$35.00. A no-show and/or lack of 24 hours notice for an in-office procedure appointment will obtain a \$50.00 charge. Additionally, there is a \$75.00 charge for any out-of-office surgeries that have been scheduled and then cancelled.

Fees for Letters and Forms

If forms such as Workers Compensation, FMLA, disability forms, or work forms need to be completed, the doctor and assistants will fill out those forms. Please be advised that due to the time required to dictate letters/complete forms there will be a fee of \$25.00 for this service. These costs are not covered by insurance companies.

Returned Checks

In the event that a check is returned for insufficient funds, a \$35.00 returned check fee will be added to your account.

Collections Fees

In the event that your account becomes delinquent, you will be responsible for all costs of collection including administrative charges and attorney fees of 33/3% plus court costs and interest at the rate of 18% annually.

I, _____ (print name) have read the above financial policies and I understand and agree to them

Patient Signature:

Date:



Virginia Foot & Ankle Center, P.C.

www.vafootankle.com

Phone 804-285-3933

Non-Covered Services & Privacy Policy

Scott T. Vantre, D.P.M.
Fellow, American College of
Foot & Ankle Surgeons

John J. Kadukammakal, D.P.M.
Fellow, American College of
Foot & Ankle Surgeons

Amy M. Kruger, D.P.M.

Offices:

West End/Richmond
2008 Brems Road
Suite #100
Richmond, Va 23226
Fax 804-288-1384

Mechanicsville
Dominion Medical Park
8239 Meadowbridge Road
Suite D
Mechanicsville, Va 23116
Fax 804-422-0971

I understand that the services shown on this release may be denied by my insurance as services not covered. If my insurance does not pay for items listed below, it is understood that I, the patient, may have to pay. I, the patient, am aware that insurance does not pay for everything, even if Virginia Foot & Ankle Center, P.C. deems it necessary. I agree to be fully responsible for payment of these services. I also understand that my insurance may not reimburse me or the physician for these services. I understand if I am a self pay patient, it is my responsibility to reach out to the billing department to receive the self-pay discount if eligible.

Table with 2 columns: Description of Service and Charge. Includes items like Non-Covered Routine Foot Care (\$67.00), Surgical Shoe/Post-op Shoe (\$25.00), Custom-molded Orthotics (\$450.00/Pair), Removable Walking Cast Boot (\$575.00), Ankle Brace (\$200.00), Night Splint (\$200.00), Self-Pay Initial Office Visit (\$150.00), and Subsequent Self-Pay Office Visit (\$110.00).

I/We hereby assign to Virginia Foot & Ankle Center, P.C. any and all rights and benefits pertaining to the services rendered under insurance policies and I/We authorize Virginia Foot & Ankle Center, P.C. to release whatever medical information is necessary for filing and processing any insurance.

I acknowledge that I have access to a copy of the notice of privacy practices and that I have had the opportunity to read, if I choose, and understand the notice. It is understood that Virginia Foot and Ankle Center, P.C. is not allowed, by law, to give out medical information to anyone other than the patient unless written permission is granted to our office to do so. Therefore, I authorize my medical information to be released to the following person(s):

Form with columns for Name, Birth Date, and Check one (Medical/Financial). Includes three rows of blank lines for patient information.

By Signing, I understand the above Policies and Privacy Practices:

Form with fields for Patient Name Printed, Patient Signature, and Date, each followed by a blank line for input.