

John M. Miller, DPM
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Whom may we thank for referring you to our office? _____

PATIENT NAME _____ DATE OF BIRTH _____ SEX _____

SOCIAL SECURITY # _____ MARITAL STATUS _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME # _____ CELL # _____

EMPLOYER _____ WORK # _____

EMERGENCY CONTACT _____ PHONE # _____

PARENT OR GUARDIAN (IF APPLICABLE) _____

RELATIONSHIP TO PATIENT _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT PHONE # _____

INSURANCE POLICYHOLDER'S NAME (IF OTHER THAN PATIENT) _____

RELATIONSHIP TO PATIENT _____

DATE OF BIRTH _____ SEX _____ SOCIAL SECURITY # _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT PHONE # _____

EMPLOYER _____ WORK # _____

DO YOU HAVE A CO-PAY? _____ I UNDERSTAND THAT MY CO-PAY IS DUE
AT EVERY VISIT. INITIAL HERE _____

General Medical Consent

- Upon discussion of my medical condition, and treatment options with Dr. Miller, I consent to care which may include diagnostic procedures, x-rays, injections, medical treatments and medications. Initial Here _____
- I hereby acknowledge, respect and agree that I am responsible for my account with Dr. Miller's office, and I agree to pay the cost of any collections, finance charges associated With non-payment, as well as reasonable attorney fees on unpaid balances. Initial Here _____
- I realize that my insurance will be billed (if applicable), but I understand that charges and costs not covered by my carrier will become my responsibility, including charges applied to my deductible. Initial Here _____
- I authorize the release of medical information necessary to process this claim and all future claims. Initial Here _____
- I authorize the doctor to release any medical information to my employer and Insurance carrier regarding work related injuries. Initial Here _____
- A fee of \$35.00 will be assessed for each missed appointment or cancellation with Less than 24 hours notice.

SIGNATURE (Patient or Responsible Parent/Guardian)

DATE _____

Please turn off your cell phones in our office during your visit. Should you elect to use your cell phone, your appointment will be rescheduled.