

PREMIUM PODIATRY, INC.

5400 BALBOA BOULEVARD, SUITE 120
Encino, CALIFORNIA 91316
PH: (818) 907-6100 FAX: (866) 513-4995

INSURANCE INFORMATION

PLEASE OBTAIN THIS INFORMATION FROM YOUR INSURANCE CARD SO THAT
WE MAY VERIFY YOUR BENEFITS FOR YOU.

TO EXPEDITE YOUR SERVICE, YOU MAY FAX THIS FORM PRIOR TO THE DATE OF
YOUR INITIAL VISIT TO (866) 513-4995.

PATIENT NAME: _____

PATIENT ADDRESS: _____

PATIENT DATE OF BIRTH: _____

HEALTH INSURANCE COMPANY: _____

INSURANCE PHONE NUMBER: _____

INSURANCE ID NUMBER: _____

INSURANCE GROUP NUMBER: _____

PATIENT PHONE NUMBER: _____
(SO WE MAY CONTACT YOUR WITH THIS INFORMATION)

PATIENT SIGNATURE

PLEASE NOTE, WE REQUIRE 24 HRS PRIOR NOTICE FOR CANCELLATIONS OR
RESCHEDULED CONSULTATIONS, OTHERWISE YOU MAY BE CHARGED \$75.00