

REGISTRATION

DR. FLORENCE T. OUSKA-GRIFFIN

Chicago Loop: 111 N. Wabash Ave. Suite 1314 Chicago IL 60602

Melrose Park: 1111 W. Superior St. Suite 401 Melrose Park IL 60160

Tel.: 312-263-FEET (3338) Fax: 312-263-3232

PATIENT INFORMATION

Date: _____ Home Telephone _____

E-mail: _____ Business Telephone _____

Social Security #: _____ Cell Telephone _____

Name: _____

Birth date: _____ First _____ Initial _____ Last _____ Gender: _____ Male _____ Female _____

Street address: _____ Unit _____

City: _____ State: _____ ZIP code: _____

Primary care physician: _____ Telephone: _____
First MI Last

Emergency contact: _____ Telephone: _____

Who may we thank for referring you? _____

How did you find us? _____ Insurance _____
directory Web Yelp Facebook Other

INSURANCE

Please provide a copy of your insurance cards and a photo ID.

We will attempt to precertify your insurance coverage. If you have an unmet deductible, coinsurance or copayment, we may require a *deposit at the time of service* via cash, check, MasterCard or Visa. We do not take Medicaid, HMOs, American Express or Discovery. We cannot assure the terms of your insurance coverage and you will be responsible for any unpaid balance as allowed under the terms of your policy.

I ATTEST THAT THE ABOVE INFORMATION IS TRUE

SIGNATURE:

Date:

SIGNATURE OF LEGAL GUARDIAN/AGENT IF APPLICABLE:

Date: