Dr. Brian K. Gotchel
Podiatric Medicine and Foot Surgery
636A Kings Highway
Woodbury, NJ 08096

Patient Name____________________ Occupation____________________

Address____

City________________ State________________ ZIP________________

Home Phone Number____________________ Cell Phone Number ____________________

E-Mail Address____

Date of Birth____________ Age________ Social Security Number________________

Patient Employer____

Address________________________ State____________ ZIP____________

Referred By____

PRIMARY INSURANCE

Insurance Company Name____

Address____

Insurance ID #____________________ Group Number____________________

Subscriber Name________________________ Date of Birth________________

Subscriber Employer____

SECONDARY INSURANCE

Insurance Company Name____

Address____

Insurance ID #____________________ Group Number____________________

Subscriber Name________________________ Date of Birth________________

Subscriber Employer____

I HEREBY AUTHORIZE DR. BRIAN K. GOTCHEL, D.P.M. TO FURNISH INFORMATION TO INSURANCE CARRIERS CONCERNING MY DIAGNOSIS AND TREATMENTS AND ASSIGN TO THE PHYSICAL ALL PAYMENTS FOR MEDICAL SERVICES FOR MYSELF OR DEPENDENTS. WE WILL EXPEDITE YOUR INSURANCE CLAIM FOR PAYMENT. FEES NOT COVERED BY INSURANCE ARE MY RESPONSIBILITY. CHARGES FOR ALL PROFESSIONAL SERVICES RENDERED ARE THE RESPONSIBILITY OF THE PATIENT.

IT IS CUSTOMARY TO PAY FOR SERVICES WHEN RENDERED UNLESS ARRANGEMENTS HAVE BEEN MADE IN ADVANCE WITH OUR OFFICE BOOKKEEPER.

Signature________________________________ Date________________