

Have you ever had any of the following?

Leg Pain when Walking
Numbness in Feet
Swollen Ankles
Muscle Weakness
Tingling in Feet
Joint Injury
Ulcers
Arthritis or Rheumatism
Gout
Rashes or Hives
Psoriasis
Phlebitis
Varicose Veins
Allergies

Diabetes: (Check One)
 Insulin Non-Insulin
Hepatitis
Kidney Disease
Heart Disease
Heart Attack
Stroke
High Blood Pressure
Cancer
Asthma
Pneumonia
Anemia
Epilepsy
T.B.
Positive HIV Test

Other: _____

Height _____ Weight _____ Shoe Size _____

Smoking History _____

List any Medications you are currently taking: _____

List any Drug Allergies: _____

Pharmacy Name and Telephone Number: _____

Financial Policy

Insurance

If you carry health insurance, we will file claims with your carrier on your behalf; however, to provide this service to you, we must have a copy of your current insurance card. If this information changes during treatment or at any time that you receive services from us, it is your responsibility to provide us with updated, accurate information. Michael J Helms DPM, LLC cannot be responsible for any penalties or denial of payment as a result of incorrect insurance information.

Additional Information

In order to approve payment of your medical bills, your insurance carrier may request additional information from you (such as accident information, subrogation information). It is your responsibility to provide that information to them as soon as possible. Since payment of all charges for your medical care is ultimately your responsibility, it is to your benefit to provide all necessary information to assist in prompt insurance payment of your incurred charges.

***Being familiar with your insurance benefits will help avoid payment misunderstandings.**

***If you do not carry health insurance, and you cannot afford to pay for your services in full at the time they are rendered, payment arrangements may be made prior to your visit.**

Scheduled Appointments

If you are a new patient to Michael J Helms DPM, LLC, you should arrive at our office at least 15 minutes prior to your scheduled appointment to have adequate time to complete the paperwork necessary to allow handling of your insurance claim.

Your Account Balance

Michael J. Helms DPM, LLC's contract with your insurance carrier requires that your co-payment must be paid at the time that service is provided. Once our office has received payment from your insurance carrier, it is your responsibility to pay any remaining balances within 30 days. We recognize that there are times when the balance cannot be paid within this time frame. To help, we can offer a payment plan. Please contact our office at (317) 573-4250 and request to speak with the Billing Manager.

I, the undersigned, have read, understand, and agree to abide by the above information. I authorize payment of medical benefits to Michael J Helms DPM, LLC for any services rendered to the patient listed below. I understand that I am financially responsible for any amount not covered by insurance.

Patient Printed Name

Responsible Party Printed Name/Relationship

Responsible Party Signature

Date