GOLDENGATE FOOT & ANKLE
686 THIRD STREET WEST, SONOMA, CA.95476
PHONE: 707-938-1977 / FAX: 707-938-1787

Dr. Alvin Bannerjee
Dr. Pieter Lagaay

PATIENT REGISTRATION FORM

First Name: _____MI:____Last Name: _____

SSN: _____Birthdate: _____ Gender: M / F Age: _____

Home Address: _____Apt:_____City: _____

State: _____ Zip: _____Home Phone: _____Cell Phone: _____

Employer: _____ Address: _____

City: _____Work Phone: _____Occupation:_____

Race (circle one): White / African American / American Indian / Asian / Pacific Islander

Ethnicity (circle one): Not Hispanic / Hispanic / NA. Primary Language: _____

Physician: _____How were you referred to this office? _____

Spouse/ Domestic Partner or Parent Information:
First Name: _____MI:____ Last Name: _____ DOB: _____
SSN: _____Employer:_____Phone:_____ Occupation:_____

Emergency contact: _____Phone:_____Relationship:_____

Insurance Information:
Primary Insurance: _____ID#_____ Group #_____
Name of Policy Holder: _____Relationship to patient: _____
Secondary Insurance (if applicable):_____

Assignment and Release: I, the undersigning, certify that I (or my dependent) have insurance coverage with_____and assign directly Dr. Bannerjee or Dr. Lagaay all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid for by insurance. I hereby authorize use of this signature on all insurance submissions. **Acknowledgement of receipt of Notice of Privacy Practices:** I acknowledge that I was provided a copy of the Notice of Privacy Practices and have read (or had the opportunity to read if I so chose).

Signature: _____ Date: _____