



Foot & Ankle Center of Florida LLC
2400 Harbor Blvd. Suite 11, Port Charlotte FL, 33952-5038
P: 941-500-2088 Fax: 941-500-2089
Email: FootAnkleCenterFL@comcast.com

WHEN COMING FOR YOUR APPOINT:

PLEASE REMEMBER TO:

1. Bring current insurance cards.
2. Bring picture ID.
3. Bring your HSA card for us to debit your copay or deductible appropriately.
4. Do not put any lotion or cream on your feet at least 24 hours prior to your appointment.
4. Arrive 20-30 minutes before your appointment time to complete any additional paperwork.
5. If you have HMO insurance, or any other insurance, make sure that you have obtained you referral in advance or you will be rescheduled.
6. If you are a worker's compensation case, please have your:
Date of Injury and carrier case # and representative assigned to you with covering entity proof.
If you have an attorney, please provide their address and phone number and email.
If you have seen any other doctor's concerning your injury all relevant reports imaging or files that you may have.
7. Do not forget your co-pay and the attached paperwork completed.
8. If you have had any X-rays performed recently please bring copies and the reports with you.
9. Please bring a list of all medications you are currently taking.
10. The following forms need to be filled out prior to your visitation:



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You may obtain these forms from our web portal for the practice at the following address:

www.icould13.curemd.com/PatientPortal/CurePateintHome.aspx?foot

If you are a new patient (download the following forms):	If you are an established patient (download the following forms):
1. Your appointment check list	1. Your appointment check list
2. Medicare ABN forms	2. Medicare ABN forms
3. Concierge Application Form if you choose to participate	3. Concierge Application Form if you choose to participate
4. Patient Consent Form	4. Patient Consent Form
5. Credit Card Authorization if You want to use it to make payment	5. Credit Card Authorization if You want to use it to make payment
6. Disclosure of Medicare Covered and Non-Covered Services Guidelines	6. Disclosure of Medicare Covered and Non-Covered Services Guidelines
7. New Patient Registration Packet	7. Established Patient Intake Form
8. New Patient Past Medical History Packet	