



Jayne R Cornwell, DPM AACFAS

INSURANCE INFORMATION

1200 Crawford Avenue Suite C • Granbury, TX 76048 • 817.573.3338 • 817.573.3368 (fax)

Primary

Secondary

Name of Insurance Company

Policy Number

Group Name

Group Number

Name of Insured

Insured Date of Birth

Insured Social Security Number

Employer of Insured

PLEASE READ CAREFULLY:

Lonestar Foot & Ankle Care will apply for patient insurance benefits. The patient is responsible for ALL fees, regardless of Insurance Coverage. All charges are due at time of service.

I understand that I am responsible for any amount NOT covered by insurance. I hereby authorize payment directly to Lonestar Foot & Ankle all insurance benefits not to exceed the regular charges. I hereby authorize Lonestar Foot & Ankle to release the information needed to any physician and/or third party responsible for payment of such services.

Patients Signature or Legal Guardian

Date

Staff Signature