Easy Walk Foot Clinic, LLC

Dr. Azuka Nwaedozie, DPM

5604 Wendy Bagwell Parkway 

Unit 311

Hiram, GA 30141

Office: 770-485-3921 Fax: 770-485-3648

Thank you for choosing Easy Walk Foot Clinic for your Podiatric needs.

Please complete and return the attached papers to Receptionist once fully completed.

**Page 1**- Demographic. If you are retired or Disable, please note in Employer section of form, otherwise you **MUST** include Employer information.

**Page 2** – Medical History (Reverse side page 1) - Please complete in **FULL**. Your medical history is important in offering you our best services and provides us important information as to any current conditions

**Page 3**- Our Financial Acknowledgement form is so that you, our patient, understand how certain charges are your responsibility outside of you copay and/or Deductible

**Page 4**- Let us know who we can talk to about your medical care in our office. Or if you would like your statement sent to another individual on your behalf.

***We ask that you provide proof of insurance and identification.***

Fee for services provided are submitted to insurance as a courtesy. Should your ***Max out of Pocket*** and/ or ***Deductible*** apply, you will be asked to pay for services.

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Initials Date