

ACTIVE FOOT AND ANKLE CARE CENTER
140 GRAND AVENUE ENGLEWOOD NJ, 07631 201-569-7672
4-14 SADDLE RIVER ROAD FAIR LAWN, NJ 07410 201-791-1881
1069 RINGWOOD AVENUE, HASKELL, NJ 07420 973-831-1774

ACKNOWLEDGEMENT OF RECEIPT
OF
NOTICE OF PRIVACY PRACTICES

I acknowledge that I may request a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read if I so chose) and understood the Notice.

Patient Name (please print)

Date

Patient or Authorized Representative (if applicable)

Signature

SIGNATURE ON FILE

Patient's Name (print)

Insured/Medicare Number

I request that payment of authorized insurance and medicare benefits be made either for me or on my behalf to Richard T. Braver, D.P.M and/or Associates for any services furnished to me by him and or associates. I authorize any holder of medical information concerning me to release to my Insurance carrier or the Health Care Financing Administration and its agents any information needed to determine these benefits or benefits to related services.

Signature of Patient

Date

Yearly renewal of signature on file as described above

Signature of Patient

Date

Signature of Patient

Date

Signature of Patient

Date