



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.

Initials

Date