



## *Robert W. Sullivan, DPM, PC*

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*Board Certified, American Board of Podiatric Surgery*

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### **NEW PATIENT CHECKLIST**

Thank you for selecting the office of D. Robert Sullivan for your foot and ankle health care needs. We have prepared this packet of information and patient forms in order to help make your visit a convenient and pleasant experience. Prior to your appointment, please contact your insurance company to clarify your coverage requirements.

Please download and complete Forms A through D.

If you are a diabetic or have vascular disease please download and complete Consent for Treatment-Form E in addition to Forms A through D.

Our Privacy Practices and Authorization to Disclose Health Information are provided for your review.

#### **When you come for your appointment, please bring the following:**

- ✓ Written Referral (If required by your insurance company)
- ✓ Completed History Forms A and B
- ✓ Signed Financial Agreement - Form C
- ✓ Completed Patient Insurance- Form D
- ✓ Consent for Treatment Form if you have Diabetes or Peripheral Vascular Disease- Form E
- ✓ Medical Insurance Card and ID card (Drivers License, etc.)
- ✓ Previous X-Rays, CT, MRI, Diagnostic Test, et
- ✓ Shoes: bring a sample of the more common shoes you wear.

#### **Please be prepared to pay for the following at the time of your visit:**

- ✓ Co-Payment (if applicable)
- ✓ Office supplies not covered by your insurance
- ✓ If no insurance, the full cost of visit

Our staff is here to help you in whatever manner we can. We look forward to providing you with a friendly smile and excellent health care.

As a courtesy to other patients who are waiting to see our doctors please call at least 24 hours in advance if you must cancel your appointment.

*Specializing in: Medical and Surgical Care of the Foot and Ankle  
Reconstructive Surgery of the Diabetic Foot • Advanced Wound and Ulcer Care*