

ORTHOPAEDIC ASSOCIATES, INC. PATIENT REGISTRATION

PATIENT REGISTRATION

Patient Name _____ Birth Date ____ / ____ / ____ Age ____ Sex ____

Address _____

City _____ State _____ Zip Code _____ SS# _____

Cell Phone (____) _____ Cell phone co. name: _____

Secondary Phone (____) _____

Emergency Contact Name and Phone Number # _____

Date of Injury _____ Is this related to work? Y or N If yes complete the entire form including the last section

E-Mail (required) _____

Who referred you to our facility for today's appointment _____

Primary Care Dr. _____ Cardiologist (if applicable) _____

PLEASE COMPLETE INSURANCE INFORMATION BELOW:

PRIMARY INSURANCE

Name of Insurance Co. _____

ID Number _____ Group Number _____

Name of Policy Holder _____ Birth Date ____ / ____ / ____

SECONDARY INSURANCE

Name of Insurance Co. _____

ID Number _____ Group Number _____

Name of Policy Holder _____ Birth Date ____ / ____ / ____

WORKER'S COMPENSATION INFORMATION (IF APPLICABLE)

Was an accident report filed? _____ Claim # _____ Date of Injury ____ / ____ / ____

Work Related Insurance Co. (MCO or self-insured) _____

Employer (at time of injury) _____ Employer Phone (____) _____

Address _____

City _____ State _____ Zip Code _____

ASSIGNMENT OF BENEFITS AND RELEASE OF INFORMATION I hereby assign all medical and/or surgical benefits, to include major medical benefits to which I am entitled including Medicare and other government sponsored programs, private insurance and any other health plans to Orthopaedic Associates, Inc. This assignment will remain in effect until revoked by me in writing. I hereby authorize Orthopaedic Associates, Inc. to release any/all information necessary to secure payment of said benefits. I understand that I am financially responsible for all charges/services whether or not paid by said insurance, including Worker's Compensation claims. Charges may include all medical, surgical, physical and occupational therapy services.

Please note that Orthopaedic Associates, Inc. will NOT bill or refund any balance of \$5.00 or less

Signature
2/13/06

Date