Specialty Orthopaedics, P.S.C.

PATIENT INFORMATION

Name:	**Date of Birth:**
Address One:	**Social Security #:**
Address Two:	**Sex:**
City:	**Language:**
State: Zip:	**Employer:**
Home Phone#:	**Emergency Contact:**
Work Phone#:	**Emergency Phone#:**
Cell Phone#:	**Emergency Relationship:**
If Patient is a Child Name of Mother:	**Child Lives with:**
If Patient is a Child Name of Father:	**Is child to be brought to the office by anyone other than parent? If yes, I acknowledge that I have completed the Parental Authorization Form.** ☐ YES ☐ NO

GUARANTOR INFORMATION

Name:	**Date of Birth:**
Address One:	**Social Security#:**
Address Two:	**Email Address:**
City:	**Employer:**
State: Zip:	**Employer Address:**
Home Phone#:	**Employer City:**
Work Phone#:	**Employer State: Zip:**
Cell Phone#:	**If Married Spouse's Name:**

HEALTH INSURANCE INFORMATION

Primary Insurance:	**Secondary Insurance:**
ID# **Certificate#:**	**ID#** **Certificate#:**

Group Number:	Group Number:
Group Name:	Group Name:
Subscriber SS#:	Subscriber SS#:
Subscriber DOB:	Subscriber DOB:
Subscriber Name:	Subscriber Name:

INJURY RELATED INFORMATION

DATE OF INJURY: Month Day Year	Work Related □ Auto / Motorcycle □ Other □
How were you injured? Where were you injured?	Please provide your Attorney's information if one has been contacted regarding this injury: Attorney's Name: Address: Phone # ( )

Workmans Compensation Information	Auto Accident Information
Employer:	Insurance Company:
Contact Name:	Policy Holder (Insured):
Address:	Address:
Phone # ( )	Phone # ( )
Adjuster Claim #	Agent Name

Authorization To Pay Benefits To Physician: I authorize the release of medical or other information necessary to process health insurance claims. I also request payment of benefits to myself or to my Provider, , when he accepts assignment.

Authorization To Release Medical Information. I hereby authorize my Provider, , to release any information necessary for my course of treatment.

______________________________ _______________
Signed (patient or parent if minor) Date