Evergreen Prosthetics & Orthotics | New Patient Registration

Patient Name (First, Middle Initial, Last Name): _____

Address: _____

City/State/Zip: _____

Phone: _____ Cell Phone: _____ Work Phone: _____

Sex: _____ DOB: _____ SSN: _____ Employer: _____

Are you diabetic? _____ Shoe Size: _____ Height: _____ Weight: _____

Emergency/Alternate Contact: _____
Name, Relationship & Number

Primary Care Physician: _____
Name & Phone Number

Referring Physician: _____
Name & Phone Number

Primary Insurance Info

Name of Insurance Company: _____ ID #: _____

Group Name/Employer: _____ Group #: _____

Subscriber Name (if other than patient): _____ Subscriber DOB: _____

Secondary Insurance Info

Name of Insurance Company: _____ ID #: _____

Group Name/Employer: _____ Group #: _____

Subscriber Name (if other than patient): _____ Subscriber DOB: _____

Complete this section if your injury is related to one of the following: Work Injury / Motor Vehicle Accident / Other Liability

Name of Insurance Company: _____ Claim #: _____

Date of Injury/Accident: _____ Adjuster Name/Phone: _____

If work injury: Employer Name/Phone/Time of Injury: _____

If motor vehicle accident: Policy Holder Name/Phone: _____

Assignment of Benefits & Notice of Financial Responsibility:

I authorize Evergreen Prosthetics & Orthotics, LLC to bill my insurance for payment of services rendered. Any quote of coverage or potential financial responsibility given by an Evergreen employee is not a guarantee and is subject to change and will ultimately be based on the processing by your insurance provider. I agree to provide Evergreen Prosthetics & Orthotics, LLC with my correct billing and contact information or I may be responsible for any balance(s) incurred. I agree that any returned checks will accrue a charge of $25 for each occurrence. I understand that I am ultimately responsible for the balance of my account and agree to pay in a timely manner.

Guardian/Legal Representative Signature: _____

Relationship to Patient: _____ Date: _____

Patient Signature: _____ Date: _____