



BioCARE Orthopedic Prosthetics and Orthotics, Inc.

**Patient Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Phone \_\_\_\_\_ Cell# \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Sex \_\_\_\_\_ Martial Status \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Social Security \_\_\_\_\_ Date of Birth \_\_\_\_\_

Referring Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Was this a work related injury? YES or NO If yes, complete next section**

Employer at the time of injury \_\_\_\_\_

Employer phone \_\_\_\_\_ Date of injury \_\_\_\_\_ Claim # \_\_\_\_\_

**Insurance**

Primary Insurance \_\_\_\_\_ Card Holder's Name \_\_\_\_\_

Card Holder's DOB \_\_\_\_\_ Social Security # \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

**Secondary Insurance**

Card Holder's Name \_\_\_\_\_ DOB \_\_\_\_\_

I request that payment of authorized Medicare or insurance benefits be made either to me or an behalf to BioCARE Orthopedic Prosthetics and Orthotics, Inc. for goods and services provided by BioCARE Orthopedic Prosthetics and Orthotics, Inc. I authorize any holder of medical information about me to release to the Centers for Medicare, Medicaid of other insurance services and its agents any information needed to determine these benefits or the benefits payable related services to release any information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. I also understand that I am financially responsible for payment of services provided. I also acknowledge that I have received a copy of the HIPPA Privacy Practices and a copy of the Patient's Rights Policy. The products and/or services provided to you by BioCARE are subject to the supplier standards contained in the Federal regulation shown at 42 Code of Federal regulation Section 424.57 @. These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation.) The full text of these standards can be obtained at <http://ecfr.gpoaccess.gov>. Upon request we will furnish you a written copy of these standards.

Signature \_\_\_\_\_ Date \_\_\_\_\_