



SOUTH METRO BONE & JOINT, P.C.

Patient Information

Name:(First, Middle, Last) _____ Age: _____ Date of Birth: _____
 Address: _____ (City, State, Zip): _____
 Social Security #: _____ Sex: M F Marital Status: Single Married Widowed Divorced
 Home Phone: _____ Cell Phone: _____ Work: _____ Preferred Name: _____
 Employer: _____

Parent/Guardian Information

Name _____ Date of Birth: _____
 Address: _____
 (City, State, Zip): _____
 Social Security #: _____ Parent/ Guardian's Phone #: _____ Relationship to Patient: _____

Spouse or Relative to Contact in Case of Emergency

Name _____ Phone: _____ Relationship to Patient: _____

Referred to our Office By

Name: _____ Phone: _____
 Address: _____ (City, State, Zip): _____

Electronic Notification

Email (if you would like to be notified by email of upcoming appointments) _____
 Cell (if you would like to be notified by text of upcoming appointments) _____ Mobile Provider _____

Insurance Information

Primary Insurance Name _____	Secondary Insurance Name _____
Subscriber's Name _____	Subscriber's Name _____
Subscriber's DOB _____	Subscriber's DOB _____
ID # _____	ID # _____
Referral Required? _____	Referral Required? _____

TRICARE PATIENTS - By law, TRICARE pays after all other health insurance, except for: Medicaid. If you have any other health coverage (related or non related to this treatment) please disclose on this form.

Authorization

I hereby authorize South Metro Bone & Joint, P.C. to release any information required in the course of my examination or treatment. I authorize South Metro Bone & Joint, P.C. to provide treatment for myself or if a minor, I hereby authorize treatment as a parent or legal guardian. I authorize payment directly to South Metro Bone & Joint, P.C. for any and all treatment and tests rendered. I understand that I am financially responsible for any charges not covered by this agreement; payment of all services rendered, regardless of insurance coverage or third party liability; and pay all costs of collection.

Signed: _____ Date: _____