

**TEAYS VALLEY ORTHOPEDICS
PATIENT REGISTRATION**

Last Name	First Name	MI	DOB
PARENT/GUARDIAN INFORMATION (minors only)			
Mother		Father	
Name	Name		
Address	Address		
Phone	Phone		
DOB	DOB		
SSN	SSN		
INSURANCE INFORMATION Do you have insurance coverage? Yes No			
Primary		Secondary	
Insurance	Insurance		
Subscriber Name	Subscriber Name		
DOB of Subscriber	DOB of Subscriber		
SSN of Subscriber	SSN of Subscriber		
Relationship to Subscriber	Relationship to Subscriber		
PLEASE PRESENT CARD(S) TO THE RECEPTIONIST			

ASSIGNMENT AND RELEASE (please read and sign below)
The insurance claims will be filed with your insurance company, should the insurance deny payment, the patient or parent (if minor child) will be responsible for full payment of services/products provided. By signing below you authorize that all payment, if any, be made payable to the provider of services.
I hereby authorize this office to release all information necessary to secure payment of benefits. I authorize the use of this signature on all insurance submissions.
Signature Date

FINANCIAL POLICY (please read and sign below)
INSURANCE: We will bill all primary and secondary insurance companies for our patients. Please provide us with complete and accurate insurance information, as well as any changes of address, telephone number, or employer. Patients are responsible to provide an insurance referral if required by their insurance policy.
CO-PAYMENTS AND DEDUCTIBLES: Co-pays and deductibles will be collected after seeing the physician on the day of the appointment. All insurance companies require the physician to collect all co-pays and deductibles from the patient. Payment may be made by cash, check, VISA, MasterCard or various other credit cards.
MEDICARE: We are a participating office. We will file your Medicare claims. We will also file your Medicare secondary insurance claims if you provide us with the necessary information. If we dispense an appliance or brace to you, Medicare may not pay for it and you will be responsible for the charge.
NONINSURED: Payment is due at the time of service. If it is necessary to establish payment arrangements, please contact our billing department at 304-388-1788 prior to the appointment.
AUTO ACCIDENTS AND PERSONAL INJURY: All MVA and personal injury patients are required to provide the necessary information to bill your auto insurance. If you have private health insurance, please provide us with the insurance information. Failure to provide us with this information will result in the patient being billed for all services. Payment arrangements can be made by calling 304-388-1788.
Your insurance coverage is a contract between you and your insurance company. You are still responsible for payment of your account. If you have questions regarding the insurance payment, it is your responsibility to contact your carrier. The "usual and customary charge" is the amount paid by the insurance companies and is determined by their budget. This DOES NOT reflect the actual charge for the particular procedure.
I have read and understand this financial policy. I understand my insurance coverage is a contract between myself and my insurance company, and I agree to accept financial responsibility for payment of charges incurred.
Signature Date