

KENNETH G. WARD, M.D.
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ORTHOPAEDIC SURGERY
REGISTRATION FORM

Patient Information

Today's Date _____
Name _____
(Last) (First) (M)
Address _____
City _____
State/Zip Code _____
Birthdate _____
Sex _____
Marital Status _____
Employment Status:
 Full Time Part Time Retired Unemployed
Student: Full Time Part Time Not a Student
Phone (_____) _____
Work Phone (_____) _____
Social Security # _____
Employer Name _____
Job Description _____
In case of emergency notify _____
Relationship _____
Emergency Phone (_____) _____

IS THIS A WORKMAN'S COMP. INJURY?

Yes _____ No _____

If yes, ask receptionist for a Workman's Comp information form to complete in addition to this form.

Policy Holder

Name _____
(Last) (First) (M)
Address _____
City _____
State/Zip Code _____
Phone (_____) _____
Social Security # _____
Date of Birth _____
Relationship to Patient _____
Work Phone (_____) _____
Employer _____

INSURANCE INFORMATION

Insurance Name _____
Address _____
City/State/Zip _____
Ins. I.D.# _____
Group # _____
Additional Ins. _____
Address _____
City/State/Zip _____
Ins. I.D.# _____
Group # _____
Family Physician _____

MEDICARE

Name of Beneficiary _____

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Family Orthopaedics for any services furnished me by that physician. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services.

I hereby authorize Medicare to furnish to Family Orthopaedics any information regarding my Medicare claims under Title XVIII of the Social Security Act.

PLEASE READ AND SIGN THE FOLLOWING BILLING AGREEMENT

I hereby authorize insurance benefits be paid directly to Family Orthopaedics. I understand that I am financially responsible for all covered and non-covered services. I also authorize Family Orthopaedics to release any information required to process this claim.

Date and Signature of patient/guardian