WELCOME TO RIVERSIDE ORTHOPAEDIC & SPORTS MEDICINE ASSOCIATES

How were you referred to this office?	***Referring Physician:***
☐ **Friend/Relative** ☐ **Other** ☐ **Insurance Directory** ☐ **St. Luke's ER** ☐ **Physician** ☐ **Roosevelt ER**	_____ ***Primary Care Physician** (if different from above):*

IS THIS WORK RELATED? YES NO **IS THIS DUE TO AN AUTO-ACCIDENT**? YES NO

DATE: ____/____/____ **Your E-MAIL ADDRESS**: _____

(PLEASE PRINT)

PATIENT INFORMATION	NAME: First Middle Last	SOC SEC #	DOB	
	ADDRESS: CITY: STATE: ZIP:			
	HOME #: WORK #: CELL #:	SEX: (Circle) FEMALE / MALE	MARITAL STATUS (Circle) S M W D	
	PATIENTS EMPLOYER:	SPOUSE NAME:	EMPLOYER:	
	ADDRESS:	EMPLOYERS ADDRESS:		
	CITY:	CITY:		
	STATE: ZIP:	STATE: ZIP:		
INSURANCE	PRIMARY INS CO.	POLICY HOLDERS NAME:	POLICY HOLDERS DOB:	
	ADDRESS:	ID #		
	CITY: STATE: ZIP:	GROUP #:		
	SECONDARY INS CO.	POLICY HOLDERS NAME:	POLICY HOLDERS DOB:	
	ADDRESS:	ID # :		
	CITY: STATE: ZIP:	GROUP #:		
EMERGENCY CONTACT	NAME: First Middle Last	RELATIONSHIP TO PATIENT:		
	HOME #: WORK #: CELL #:			
	ADDITIONAL INFORMATION:			

All professional services rendered are charged to the patient. Necessary forms will be completed to help expedite insurance carrier payment. However, the patient is responsible for all fees, co-payments and deductibles, regardless of the insurance coverage. It is also customary to pay for services when rendered unless other arrangements have been made in advance with our office.

I request that payment of authorized insurance benefits be made either to me or on my behalf to Riverside Orthopaedic and Sports Medicine for services furnished to me by the provider. I authorize any holder of medical information about me to release to the Centers of Medicare, Medicaid, and any other third party insurance carrier any information needed to determine these benefits payable for related services.

I have read this registration form and state that all the information given by me to be valid and true.

Patient's/Guardian's Signature _____ Date ___/___/___

Effective 1/1/13