Name DOB: Chart: Age: Date:





PATIENT INFORMATION

	Legal Patient Name			Date
PERSONAL	LAST	FIRST	MI	
	Address City	State	Zip	_Phone Cell
	Email address		ے۔۔۔۔ Family Physician	
	Birthdate		Referring Physician	
	Sex Name of	Referring Source	(friend relative ad et	2)
	Race (please circle) Americar			Native Hawaiian Caucasian
	Ethnicity (please circle) His			
	Social Security NumberM			
	Driver's License		Any Previous Name	
	Employer Name			
	Employer Address		Work Phone	
	City	State	Zip	Message
	Name of Emergency Contact			Phone
	Person Responsible for Payment Self			
FINANCIAL	Address			
	Address	CITY	STATE Z	P RELATION TO PATIENT
	Home Phone	-	Work Phone	
	1st Insurance Co.		Name of Insured	
	SSN of Insured		Birthdate of Insured	
	Address			
		CITY	STATE ZI	-
	Employer		Ins. ID#	Group #
	2nd Insurance Co.		Name of Insured	
	SSN of Insured		Birthdate of Insured	
	Address		STATE ZI	P
	Employer	CITY	STATE ZI	Group #

I hereby authorize and consent to examination and treatment as deemed necessary by physicians of Orthopaedic Specialists of North County, a Medical Group, Inc. I authorize release of information to my insurance carrier should it be necessary. The undersigned agrees to pay any costs incurred by Orthopaedic Specialists of North County, a Medical Group, Inc. in the event of account delinquency, all amounts due including, but not limited to, reasonable attorney's fees.

I hereby assign all medical and/or surgical benefits, including major medical benefits to which I am entitled, including Medicare, private insurance and other health plans to Orthopaedic Specialists of North County, a Medical Group, Inc.. this assignment will remain in effect until revoked by me in writing. A photocopy of this agreement is to be considered as valid as the original. I further authorize the release of all information necessary to secure payment.

I understand and agree that payment by the responsible party will not be delayed or withheld because of any dispute between the responsible party and any insurance company, reimbursing agency, third party payer or because of pending legal claims.