

Patient Information:

Patient Name: _____		Date of Birth: _____		Gender: M / F	
Parent/Guardian: (if patient is a minor) _____					
Address: _____		City: _____		State: _____ Zip: _____	
Social Security #: _____		Phone: _____		Cell: _____	
Height: _____		Weight: _____			
Alternate Contact Name & Relationship: _____				Phone: _____	
Employer's Name: _____			Address: _____		
City: _____		State: _____		Zip: _____ Phone: _____	
Prescribing Physician: _____			Phone: _____		
Primary Physician: _____			Phone: _____		
Diabetic Physician: _____			Phone: _____		

***OFFICE USE ONLY
Insurance Information:***

PLEASE DO NOT WRITE IN THIS AREA

Primary:	Secondary:
ID/Policy #:	ID/Policy #:

Assignment of Benefits

I authorize my insurance company to pay benefits directly to Advance Orthotic Prosthetic Services, Inc. I understand my insurance company may not pay for services that are not a covered benefit or are not considered medically necessary. I also understand that there may be benefit limitations with no-fault carriers as deductibles and benefit maximums may apply. I agree to be financially responsible for all services provided by Advance Orthotic & Prosthetic Services. I agree to pay **Collections fees**, including reasonable attorney's fees, on any outstanding balance due on my account.

HIPAA

Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide whether to sign this Consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your protected health information, and of other important matters about your protected health information. We encourage you to read it carefully and completely before signing this Consent.

Purpose of Consent: By signing this form, you will consent for Advance Orthotic Prosthetic Services use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

Medicare Supplier Standards

"The products and/or services provided to you by Advance Orthotic Prosthetic Services are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g., honoring warranties and hours of operation). The full text of these standards can be obtained at <http://ecfr.gpoaccess.gov>. Upon request we will furnish you a written copy of the standards."

Patient or Authorized Representative Signature

Date