Advance Orthotic & Prosthetic Services, Inc.
207 North River Road, Auburn, ME 04210
277 Bath Road, Brunswick, ME 04011

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:_____ Shoe Size: _____

Employer's Name: _____Address: _____

City: _____State: _____Zip: _____ Phone: _____

Email or text contact: _____ How did you find us? _____

Alternate Contact Name & Relationship: _____ Phone:_____

Referring Physician: _____ Phone: _____

Primary Physician: _____ Phone: _____

Diabetic Physician: _____ Phone: _____

Insurance Information:

Office use only

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**

Revised: October 2016