OFFICE USE ONLY: Account #:_____Date:_____By:_____

BENTON FRANKLIN ORTHOPEDIC ASSOCIATES, P.L.L.C.
PATIENT INFORMATION REGISTRATION

Patient Name:_____DOB:___/___/_____Age:_____ □M □F
Last First Middle

Home Address:_____ Phone:(____)_____Alt:(____)_____
City State Zip

Is patient in nursing Home? □Yes □No If so, name of facility:_____

Social Security#:_____-_____-_____ □Single □Married □Separated □Divorced □Widow/er

Employer:_____ Employer Phone:(____)_____

Local person not living with you:_____ Phone:(_____)_____
Relationship

Referred By:(Dr., Friend, Other)_____ Primary Care Physician:_____

ORTHOPEDIC PROBLEM

Orthopedic Problem?_____ □L □R How did the injury happen?_____

Where did injury occur? □Home □Auto □Work □Sports □Other On job injury? □Yes □No

If yes, accident reported? □Yes □No

DATE OF INJURY?___/____/____ CLAIM#_____ Employer at time of accident:_____

BILLING INFORMATION

Person responsible for bill:_____
Realtionship

Address (if different from above):_____
City State Zip

DOB:_____/_____/__ _____ Social Security#:_____-_____-_____

IN ORDER TO BILL YOUR INSURANCE(S), WE *MUST* HAVE A COPY OF YOUR INSURANCE CARD(S)

PRIMARY Insurance Co._____ **SECONDARY** Insurance Co._____

Subscriber Name_____ Subscriber Name_____

DOB_____/_____/_____ DOB_____/_____/_____

ID#_____ Group#_____ ID#_____ Group#_____

Subscribers Employer_____ Subscribers Employer_____

CONSENT TO THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I understand and have been provided with a Notice of Privacy Practices that provides a description of information uses and disclosure. I understand that I have the right to review the notice prior to signing this consent. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or health care operations. The organization is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the Organization has already taken action in reliance thereon.

SIGNATURE_____ **DATE**_____