Northeast Orthotics & Prosthetics Inc.

❒ 2 Dudley Street
Co-op 1, Suite 161
Providence, Rhode Island 02905
401-444-5477

❒ 765 Allens Avenue
Providence, RI 02905
401-437-8016

PATIENT INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Street Address _____ City_____ State_____ Zip Code _____

Social Security Number _____– _____ – _____ Date of Birth_____/ _____/_____ Sex M❒ F❒

Telephone (_____) _____-_____ Cell (_____) _____-_____ Email _____

REFERRING PHYSICIAN	PRIMARY CARE PHYSICIAN	SYMPTOMS/DIAGNOSIS
Name _____	Name_____	_____
Phone _____ State _____	Phone_____ State _____	_____

RESPONSIBLE PARTY INFORMATION

Name _____ Relation _____ Phone_____

Social Security Number _____– _____ – _____ Date of Birth_____/ _____/_____ Sex M❒ F❒

Home Address _____ Work Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

HEALTH INSURANCE	SUBSCRIBER INFORMATION	IDENTIFICATION NUMBER
PRIMARY COMPANY NAME	SUBSCRIBER NAME	CERTIFICATE NO.
ADDRESS	PATIENT'S RELATIONSHIP TO SUBSCRIBER (CIRCLE ONE) SELF SPOUSE CHILD OTHER	GROUP NO. / NAME
SECONDARY COMPANY NAME	SUBSCRIBER NAME	CERTIFICATE NO.
ADDRESS	PATIENT'S RELATIONSHIP TO SUBSCRIBER (CIRCLE ONE) SELF SPOUSE CHILD OTHER	GROUP NO. / NAME

WORKERS COMP

ADJUSTER'S NAME	ADJUSTER'S PHONE	DATE OF INJURY (month, day, year)

BILLING POLICY – PLEASE READ

1. I authorize my insurance company to pay benefits directly to Northeast Orthotics and Prosthetics, Inc.
2. All co-payments/deductibles are due on pick up date.
3. We do not accept cases under litigation or bill your attorney.
4. 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.
5. I have been offered Northeast Orthotics and Prosthetic Inc. Privacy Practices and consent for their use and disclosure of my PHI to carry out treatment, payment activities and healthcare operations.
6. The products and/or services provided to you by Northeast Orthotics and Prosthetics, Inc. 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.

X _____ Please print _____

Date _____ / ____ / _____ SS# of parent if not listed above _____ / _____/_____