

RADFORD ORTHOPEDIC CENTER, P.C.

DATE: _____

http://www.Radford Ortho.com

All information must be filled out otherwise you will be asked for information at front desk.

CHILD (UNDER AGE 18 YEARS-OLD)

Patients Name: _____ SS# _____

Street address: _____ City/State/Zip _____

Mailing Address: _____ City/State/Zip _____

Phone #: _____ Date of Birth: _____ Are you a student?: YES NO

Where are you a student? _____ Are you a fulltime student? YES NO

Emergency contact (other than parents): _____

Father's Name: _____ SS# _____

Street Address: _____ Mailing Address: _____

Phone# _____ County in which you live _____

Employer _____ Address: _____

Employer's phone # _____ Extension: _____ Date of birth: _____

Mother's Name: _____ SS# _____

Street Address: _____ Mailing Address: _____

Phone# _____ County in which you live _____

Employer: _____ Address: _____

Employer's phone # _____ Extension: _____ Date of birth: _____

* May we refer to you by your name in our waiting room? YES NO

* May we call you concerning labs, x-rays & appointments, ect.? YES NO

* May we leave a message on your answering machine concerning the above? YES NO

* Please list all individuals with whom we may speak concerning you:

Name of Pharmacy: _____ Phone # or location: _____

Referring Physician: _____ Phone# _____

Primary Care Physician: _____

I hereby authorize my insurance company to pay directly to Radford Orthopedic Center, P.C. benefits due me out of indemnity under the terms of my policy issued by your company. I also authorize the release of any medical information necessary to process this claim, and verification of employment.

I understand that I am financially responsible to Radford Orthopedic Center, P.C. for all charges incurred and not covered by the insurance, workers compensation and any collection, attorney fees, interest and/or cost accrued in trying to collect this account.

Parent's Signature: _____
Date

I have insurance that requires a referral from my Primary Care Physician. I understand that if I do not get my referral from my PCP I am responsible for the bill in its entirety at Radford Orthopedic Center.

Parent's Signature: _____
Date