

Tandem Orthotics & Prosthetics Inc Patient Information:

Patient Name: _____ **Date of Birth:** _____
Gender: Male _____ Female _____ Height _____ Weight _____
Parent/Guardian: (if patient is a minor) _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____
Social Security #: _____ Phone: _____ Cell: _____
Alternate Contact Name & Relationship: _____ Phone: _____

*Authorization: is is not granted to leave message(s) at the above phone numbers.

*How did you hear about us? _____

****Have you received an orthotic and/or prosthetic device in the past?** Yes ___ No ___

If yes, please explain: _____

Referring Physician: _____ **Clinic:** _____
Primary Physician: _____ **Clinic:** _____

Insurance Information:

Primary: _____ **Name of Insured:** _____ **DOB:** _____
ID Number: _____
Secondary: _____ **Name of Insured:** _____ **DOB:** _____
ID Number: _____

Assignment of Benefits

- I authorize my insurance company to pay benefits directly to Tandem Orthotics & Prosthetics. 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 and pay all co-insurances directly to Tandem Orthotics & Prosthetics Inc.

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 Tandem Orthotics & Prosthetics Inc. to 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 Tandem 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."

Patient or Authorized Representative Signature

Date