ATPRO
Certified Orthotists & Prosthetists

PATIENT INFORMATION FORM

First Name: _____MI:___ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Work: _____ Cell: _____

Social Security Number: _____ Date of Birth: _____

Place of Employment: _____ Occupation: _____

Marital Status: _____ Student: _____

Primary Doctor: _____ Referred by: _____

NEXT OF KIN OR RESPONSIBLE PARTY

First Name: _____MI:___ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Work: _____ Cell: _____

PRIMARY INSURANCE

Company: _____

ID Number: _____

Group: _____

Subscriber: _____

Subscriber DOB: _____

Relationship: _____

SECONDARY INSURANCE

Company: _____

ID Number: _____

Group: _____

Subscriber: _____

Subscriber DOB: _____

Relationship: _____

RELEASE OF INFORMATION, INSURANCE ASSIGNMENT, AND RIGHT TO PRIVACY

I certify that the above information given by me is accurate. I authorize payment of medical benefits to be sent to **Atlantic Prosthetic and Orthotic Services Inc. (ATPRO)** for any charges that I may incur while under their care. I authorize any release of any Medical information necessary to process a claim.

I acknowledge that I am financially responsible for all charges not covered by the assignment or not paid, for any reason, by health insurance or any payor. If this account should be delinquent, it will be turned over to an attorney and fees will be applied.

A copy of **Atlantic Prosthetic and Orthotic Services Inc. (ATPRO)** Notice of Privacy Practices has been made available to me. I understand that I have the right to review the notice, which was made available in the office prior to signing this consent. **ATPRO** reserved the right to make changes to the Notice of Privacy Practices. I acknowledge that I have been afforded the opportunity to consider **ATPRO's** Notice of Privacy Practices prior to the signing the consent and making healthcare decisions.

X_____ _____

Signature of Patient or Legal Guardian **DATE**