MERCED ORTHOPAEDIC MEDICAL GROUP, INC ** SABLAN ORTHOPEDICS, INC.

123 W. North Bear Creek Drive - Merced CA 95348 *** (209) 722-8161

PATIENT INFORMATION

Patient's Name _____ Birth Date _____
Last First Middle Initial

Sex M F **STATUS:** Single Married Widowed Separated Divorced SSN _____

Home Phone _____ Cell Phone _____

Street/P.O. Box Address _____
City Zip Code

Patient's Occupation _____ Employer/School _____

Employer's Address _____ Phone _____

Spouse or Parent Name _____ Phone _____

Spouse or Parent's Employer _____ Phone _____

Emergency Contact _____ Phone _____

E-mail Address _____

INSURANCE INFORMATION - Must be completed

Medicare # _____ Medi-Cal # _____

Primary Insurance _____ Subscriber _____

Patient Relationship to Subscriber: Self Spouse Child Subscriber Date of Birth: _____

Secondary Insurance _____ Subscriber _____

Patient Relationship to Subscriber: Self Spouse Child Subscriber Date of Birth: _____

Work Comp - Carrier Name _____ Date of Injury: _____

Claim #: _____ Adjuster and Phone #: _____

PLEASE GIVE INSURANCE CARD(S) TO FRONT DESK FOR COPYING - THANK YOU

COPAY IS DUE AT TIME OF SERVICE

AUTHORIZATION FOR TREATMENT AND FINANCIAL AGREEMENT:

I authorize treatment of the person named above and agree to pay all fees and charges for such treatment. I agree to pay all charges for me and members of my family shown by statements, promptly upon presentation thereof, unless credit arrangements are otherwise agreed upon. Charges shown by statements are agreed to be correct and reasonable unless protested in writing within 30 days of the billing date.

It is agreed that payments will not be delayed or withheld because of any insurance coverage or the pendency of claims thereon, and all proceeds of insurance are assigned to this office where applicable, but without their assuming responsibility for the collection thereof. (A copy of this assignment is as valid as the original.)

AGREEMENT: This above information is for the purpose of obtaining credit and is warranted to be true.

Signature _____ Date _____