CENTRAL ORTHOPEDICS AND SPORTS MEDICINE, PC
REGISTRATION FORM

Name:____DOB:__________ SSN:__________________
Last First M.I.

Address:____Home #:________________
Street City State Zip

Work #:______________________Cell #:______________________Best # to reach you? Home/Work/Cell

E-mail address:______________________________Communication preference (circle one) phone portal

Primary Language:____________________Race:__________________ Ethnicity:____________________

Emergency Contact:_________________________Relationship:_______________Phone #:_____________
(Alt # than your home phone, please)

If minor, names of parents:____

Pharmacy:____Phone#:_________________________

Were you referred: Y N If yes, who:___________________Primary MD:________________________
First and last name First and last name

Work-related injury? **Circle one**: Y N Reported to a supervisor? **Circle One**: Y N Claim#________________

For office use:
W/C carrier:_____________________________Address:____

W/C Phone #:____________________Claim#___________________________Case mgr:______________

INSURANCE INFORMATION

Primary Ins:________________Name of Member:_______________Member DOB:_________

Secondary Ins:______________Name of Member:_______________Member DOB:_________

Payment Authorization
I authorize payment of medical benefits provided by my medical insurance described on a standard health form to Central Orthopedics and Sports Medicine, PC for services provided during my current visit as described on the standard health care information necessary to process this claim. I understand that I am financially responsible for the charges covered by this authorization and will be responsible for any collection fees or costs associated with collections not covered by my insurance.

______________________________________ ______________________
Signature of Patient Date

If a minor, a parent/guardian must sign. If signed by a legal representative, please list relationship:

_________________________________ ______________________ ___________
Signature Relationship Date