120 Cahaba Valley Parkway
Suite 100
Pelham, AL 35214

Phone: 1 (205) 621-3778
Fax: 1 (205) 621-4835

Patient Information

LAST NAME	FIRST NAME	MI	SS#
DATE OF BIRTH	SEX M F	HOME PHONE	OTHER PHONE
ADDRESS		EMAIL	
CITY	STATE	ZIP	
REFERRING PHYSICIAN	PHARMACY NAME	CITY	PHONE
EMERGENCY CONTACT	RELATIONSHIP	PHONE	

Subscriber / Insurance Cardholder's Information

INSURANCE COMPANY	POLICY # / GROUP	PRIMARY PHYSICIAN

Please Read and Initial the Following:

_____ **HIPAA Notice of Privacy:** (I have been given a copy of the notice of privacy practice of Alabama Bone and Joint Clinic)

_____ **Consent for Medical Treatment:** I authorize Alabama Bone & Joint Clinic to furnish the necessary medical procedure that has been ordered by my physician. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as to the result of procedures of Alabama Bone & Joint Clinic. Any questions related to my care should be directed to my physician.

_____ **Assignment of Benefits:** I hereby authorize payment directly to Alabama Bone & Joint Clinic of any and all medical benefits applicable and otherwise payable to me. I understand that I am financially responsible to the Clinic for charges not covered by this assignment. I also understand that the Clinic is filing my claim courtesy to me and that unless stipulated in a contract with my carrier, I am responsible for payment of this claim.

_____ **Authorization for Release of Information:** I hereby authorize Alabama Bone & Joint Clinic to release to the insurance company, Social Security Administration and/or Health Care Financing Administration or its intermediaries or carriers, or to the billing agent of the Clinic, any information necessary to collect benefits on this claim. Unless specifically requested in writing, this authorization includes, but is not limited to, the release of information related to drug, alcohol, HIV antibody and/or psychiatric testing. I further authorize any physician or institution that attended this patient previously to furnish medical records or information that may be requested by Alabama Bone & Joint Clinic.

If Worker's Compensation is Applicable:

_____ **Worker's Compensation (MUST INCLUDE DATE):** I authorize Alabama Bone & Joint Clinic to furnish written reports of my care to any representative attorney for, or investigator from my Worker's Compensation carrier concerning injuries sustained as a result of accident occurring on **_____/_____/_____.**

If Patient is a Minor:

_____ **If Patient is a Minor:** I hereby give permission for _____ to be treated at Alabama Bone & Joint Clinic.

_____ _____ ___/___/_____

Patient Printed Name **Patient/Guardian Signature** **Date**