****

**Section I: Patient Information Date**:

Name:

Date of Birth: SS#

Address:

Home: Work:

Cell:

Check appropriate Box Minor Single Married Widowed Divorced

Spouse or parents name:

Person to contact in case of an emergency:

Phone#: Relationship to you:

PCP:

Referring Physician:

Are you diabetic? Yes No Type I Type II

**Section II Insurance Information**

Primary Insurance:

ID#: Group#:

Insurance Address:

Insurance Phone #:

**DO YOU HAVE ADDITIONAL INSURANCE?** Yes No If yes, complete below.

Secondary Insurance: ID

GRP# Insurance Phone#

**Section III Responsible Party**

Relationship to patient: Self Spouse Parent Other

Name: Relationship to patient:

Date of Birth: SS#

Address:

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Have you had prior Orthotic or Prosthetic devices before: Yes No

If yes, what were they & when:

Please indicate the prescription & over the counter medications you are currently taking. This could affect the outcome of your orthotic or prosthetic devices:

Medication:

Medication:

Medication:

**Financial Responsibility, Service & Release of Information Authorization:**

I agree to be personally financially responsible for the services rendered to the above patient unless such is precluded by the third party payer. I understand that it is not possible for the provider to determine the extent to which services will be covered by the third party prior to the delivery of such services. I request that payment of authorized benefits be made on my behalf to this provider for any services it furnished me. I authorize this holder of medical information about me to release to appropriate third party payers and their agents any information needed to determine my benefits. I hereby authorize Dynamic Prosthetics & Orthotics services for the above patient at any time when prescribed by a physician. My signature to this document may be used and the “Signature on File” for the appropriate billing to a third party payer.

**I have read the attached notice of Privacy Practices for Dynamic Prosthetics & Orthotics & MCR Supplier Standards**

Authorized Signature Date

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