Bone & Joint Surgery Associates, S.C.
Madison~Columbus~Fort Atkinson

Doctor	Location	Account #	Notes	Staff initials/date

Patient Information

Last name	First name	MI	Date of Birth	Age	Sex M F
Street Address	City		State	Zip	Marital Status S M D W
Home Phone ( )	Cellular Phone ( )		Social Security Number		
Employer	Employer Address			Employer Phone ( )	
Emergency Contact	Relationship to patient			Phone ( )	
Primary Care Physician	Referred by				

Injury/ Illness

Reason for visit/how did injury happen?				Area of body injured (specify right or left)
If an accident, is it related to:	Work	Auto	Other	Date of injury/onset of symptoms
Attorney Name			Attorney Phone ( )	

Responsible Party

Name	Phone ( )	Social Security #	Date of Birth	Relationship to patient
Street Address	City		State	Zip
Employer				
Employer Address		Employer Phone ( )		

Insurance Information

Is a referral required? Y N PPO/HMO/WC			**Is a referral required? Y N PPO/HMO/WC**		
Insurance Company		Phone	Insurance Company		Phone
Address			Address		
City	State	Zip	City	State	Zip
Member ID		Group No	Member ID		Group No
Name of insured		Relationship to patient	Name of insured		Relationship to patient
Date of birth	Social Security #	Employer	Date of birth	Social Security #	Employer
WC Claim No:		Contact:	WC Claim No:		Contact:
Phone	Fax		Phone	Fax	

ASSIGNMENT OF BENEFITS AND ACKNOWLEDGEMENT OF RESPONSIBILITY: I hereby authorize release of medical information necessary to process insurance claims and assign payment of medical benefits directly to Bone & Joint Surgery Associates, S.C. I understand that it is my responsibility to obtain any necessary referrals and preauthorization prior to receiving services at Bone & Joint Surgery Associates. I understand that Bone & Joint Surgery Associates files insurance claims as a courtesy to patients and does not accept partial payments made by insurance carriers as full payment for services rendered. I understand I will be responsible for any charges not covered by insurance. A photostatic copy of this assignment shall be considered as valid as the original.

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Patient/Subscriber Signature Relationship to patient Date