

Gulf Coast Orthotics & Prosthetics Center, LLC
New Patient Form

Date: _____ (office use only) ACCT. # _____

Name: _____ SS# _____ - _____ - _____

Permanent Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

Local Address (if different than above):
_____ Phone # () _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Gender: _____ (Circle One): Married Single Divorced Widowed

Parent (if under 18)/Guardian/Responsible Party: _____

Emergency Contact Person: _____ Phone # () _____

Referring Physician: _____ Diagnosis: _____ L _____ R _____

Are you Diabetic? ___YES___NO Do you have Medical Problems/Conditions/Limitations we should be aware of? If so, please describe _____

PLEASE PROVIDE US WITH YOUR INSURANCE CARDS TO COPY FOR YOUR RECORDS

Primary Insurance: _____

Secondary Insurance: _____

I received: Medicare Supplier Standards _____ initials

Notice of HIPPA Privacy Practices _____ initials

- 1.) Gulf Coast Orthotics and Prosthetics Center, LLC (GCOPC), will provide reasonable and necessary adjustments to the device at no charge for a period of ninety (90) days from the date of delivery. Following the 90 day warranty period, adjustments, repairs, and modifications will be charged based on labor and materials used. Payment will be expected at time of service.
- 2.) I authorize GCOPC to release any information acquired in the course of my examination or treatment necessary to secure payment. I hereby agree that GCOPC may share health information with other physicians when such sharing is necessary for my treatment.
- 3.) I acknowledge and accept that GCOPC will utilize the facsimile transmission machine to obtain patient information to expedite patient care. I understand that fax transmissions are subject to misdelivery and that the recipient may not treat the information as confidential in the process of delivering the fax to its ultimate destination.
- 4.) I hereby authorize my insurance company to pay benefits to which I am entitled for durable medical equipment to Gulf Coast Orthotics and Prosthetics Center, LLC.
- 5.) Payment for co-payments, deductibles and non-covered services are due PRIOR to the delivery of services. Deposits may be required on custom fabricated and special order items. Due to the unique nature of custom fit or custom made devices; we are unable to accept returns or cancellations of orders.
- 6.) All unpaid account balances will be considered delinquent, thirty (30) days from the date of delivery. There will be a charge of 1.5% interest per month until the account is paid in full. The patient will be responsible for the costs incurred by GCOPC on any delinquent accounts that are referred to a collection agency, including reasonable attorney's fees.
- 7.) This will remain in effect until revoked by me in writing. I understand that I am responsible for all charges whether or not paid by said insurance company.

I HAVE READ AND UNDERSTOOD THE ABOVE POLICIES:

Patient

Parent/Guardian