reach
Orthotic&ProstheticServices

Patient Information and Consent Form:

Name _____

DOB ___ / ____ / _____ Gender M/F Social Security # _____ - _____ - _____

Marital Status _____ Driver's License # _____ Primary Language _____

Telephone (H) _____ (W) _____

Email _____@ _____

Address _____

_____

City _____ Zip Code _____

Next of Kin / Contact Person _____ Telephone _____

Power of Attorney (if applicable) _____ Telephone_____

Any additional persons with whom we may discuss your care:

_____ Telephone _____

_____ Telephone _____

Name of Parent/Guardian (if Patient is a minor)_____

Address (if different than above) _____

_____

Parent's DOB _____ / _____ / _____ Parent's Social Security # _____ - _____ - _____

Parent's Driver's License # _____ Alt. Phone # _____

Who may we thank for referring you to us? _____

_____

Primary Care Physician _____

Are you currently in a convalescent center or nursing home? Yes / No

If so, where? _____

11747 Jefferson Avenue Suite 5A, Newport News, VA 23606 (757)595-9800 (757)595-2722

Are you currently in physical therapy? Yes / No

If so, where? _____

Name of therapist _____

Diagnosis _____

Are you diabetic? Yes / No

Insurance:

Primary _____

Policy ID # _____Group# _____ Plan # _____

Address _____

_____

Telephone (_____) _____ Relation to Subscriber _____

Subscriber Name _____

DOB ___ / ____ / _____ Gender M/F Social Security # _____ - _____ - _____

Address _____

City _____ Zip Code _____

Telephone (H) _____ (W) _____

Secondary _____

Policy ID # _____Group# _____ Plan # _____

Address _____

_____

Telephone (_____) _____ Relation to Subscriber _____

Subscriber Name _____

DOB ___ / ____ / _____ Gender M/F Social Security # _____ - _____ - _____

Address _____

City _____ Zip Code _____

Telephone (H) _____ (W) _____

********** **Please Read the Following Carefully** **********

1. Once an item leaves our facility there will be no returns.

2. We will service custom and pre-fab items by appointment in our office at no charge unless additional components are added or major adjustments are needed. This is in effect for up to 90 days after the patient has been fitted with their orthotic/prosthetic device.

3. Payment in full is due upon receipt of any items not already known to be covered by insurance (i.e. Inserts, shoe lifts, heel lifts, etc.). We require half down payment up front before items will be fabricated.

4. Payment plans can be made for those who qualify.

5. As a courtesy, we bill your insurance company. Please provide complete information. Please understand that you will ultimately be responsible for the service we provided should the insurance company choose not to pay. We will help you with the best information we have on your insurance company. However, we cannot guarantee payment on their part.

6. I have been offered Reach Orthotic & Prosthetic Services, Inc.'s Notice of Privacy Practices. I consent to have Reach Orthotic & Prosthetic Services, Inc. to use my PHI (Protected Health Information) for treatment to obtain payment for services rendered and for health care operations.

7. I hereby give Reach Orthotic & Prosthetic Services, Inc., its agents, and/or assignees permission to use photographs/film taken of me and/or submitted to Reach in conjunction with my patient treatment with Reach. I understand and give permission to Reach to take my photos/film as it is medically necessary for my treatment and they are to be used for medical purposes only. I understand that all photos/film may need to be shared with another medical company in coordination with my treatment and by signing below give my consent for them to be used as such. I acknowledge my photos/film will be used in coordination with my personal treatment and will hereby release Reach Orthotic & Prosthetic Services, Inc. from any and all claims for damages of any and all kinds based on this use of said material.

8. The products and/or services provided to you by Reach Orthotic & Prosthetic Services Inc. are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g., honoring warranties and hours of operation). The full text of these standards can be obtained at http://ecfr.gpoaccess.gov. Upon request we will furnish you a written copy of the standards.

"I have read and understand all of the above statements and give Reach Orthotic & Prosthetic Services permission to bill my insurance company."

Signed _____ Date _____ / _____ / _____