



**WELCOME TO PIKES PEAK ORTHOPEDICS!**

Last Name \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_  
(access medical records)

Marital Status M S D W Spouse Name \_\_\_\_\_

**Primary Care Physician** \_\_\_\_\_

**Policy Holder Name: (Family member which insurance is through)**

Last Name \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **SSN** \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

**Insurance (we will need a copy of your insurance card)**

Primary Insurance \_\_\_\_\_ Policy# \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ Policy# \_\_\_\_\_

Work Comp \_\_\_\_\_ Date of Injury \_\_\_\_\_ Claim# \_\_\_\_\_

Claim Adjuster/Attorney Name and Phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone# \_\_\_\_\_

**I hereby authorize the physicians at Pikes Peak Orthopedics to treat and furnish information to insurance carriers concerning my illness and treatment and hereby assign to the physician all payment for medical services rendered to myself or my dependents. I understand that I am responsible for any amount not covered by insurance and collection costs should this account be assigned for collection. I accept and understand that the responsibility of notifying the treating physician of any requirement by my insurance company for preauthorization prior to any hospital admission or surgical procedure, whether done in the office or in the hospital. I understand that it is also my responsibility to verify that a preauthorization has been completed prior to any hospital admission or surgical procedure. I also understand if I fail to get a referral, if necessary, I will be responsible for the charges. I understand I am responsible for checking my insurance benefits.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Guarantor/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_