

## WELCOME TO OUR CLINIC!

We are looking forward to meeting you and working together to make your health the best it can be. Enclosed you will find a Patient Registration form and Medical History Questionnaires. **Please complete these forms in blue or black ink and BRING THEM WITH YOU to your appointment. PLEASE DO NOT MAIL THEM BACK TO US.** Note: Please date your forms with the date of your initial appointment.

We require that you provide the following information at or before your appointment:

- ✓ If we are billing an insurance carrier for your visit, **please bring your insurance card(s) to insure proper billing to your carrier. Patients unable to provide insurance and billing information will be listed as Self-Pay (NO INSURANCE) until the proper information is given to our office. Self-Pay patients are required to make payment in full at the initial visit, and payment is required at the time of any subsequent visits.**
- ✓ Your insurance plan may require you to get an insurance referral from your primary care physician. **Please check with your insurance company to be certain that an “Insurance Referral” has been completed for your upcoming appointment.** If a referral has not been completed by the time of your appointment, we require that an Insurance Waiver be signed at the time of your visit.
- ✓ ***Motor Vehicle Accident Information:*** We will bill your motor vehicle insurance if you have provided the following information: Insurance company, billing address, phone number, date of injury, claim number, and adjuster’s name. Please bring a copy of your current insurance card. PIP must be opened on your policy. We also require private insurance as your personal injury and protection (PIP) may be exhausted very quickly with medical tests and services. We do not accept other policy holder/drivers claims (3rd party).

### WE DO NOT AWAIT PAYMENT FOR SETTLEMENT OR LITIGATION

Please call (503) 646-8995 if you need to confirm, change, or have questions regarding your appointment.

***Kindly give us 24 hours notice from the time of your scheduled appointment if you need to cancel or reschedule your appointment. Failure to show up for your appointment or not canceling 24 hours in advance will result in a \$150.00 charge.***

***Thank you for choosing our practice.***

Sincerely,

Puziss Orthopedics

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_