Orthopaedics Northeast P.C.
Beth Biggee, M.D.
Amy Wu, M.D.
Kathryn Ghio, PA-C

REGISTRATION FORM

PERSONAL INFORMATION – please complete all information below

Patient Name: ______________________ Date of Birth: ____________

Social Security # ____________ Marital Status: ________ Male: ____ Female: ____

Primary Language: ____________ Race: ____________ Ethnicity: ____________

Home Address: ______________________ City: ____________ Zip Code: ________

Email: ____________ Home Phone: ____________ Cell Phone: ____________

Occupation: ______________________ Work Phone: ____________

Emergency Contact – Name: ______________________ Phone: ____________

Pharmacy Name & Address: ______________________

Lab Name & Address: ______________________

INSURANCE INFORMATION

Primary Insurance Name: ____________ Primary Doctor: ____________

ID or Member #: ____________ Group or Policy #: ____________

Subscriber Name: ____________ Relationship to Patient: ____________

Subscriber's Birthday: ____________ Subscriber's Social Security: ____________

Subscriber's Employer Name: ____________ Address: ____________

Secondary Insurance Name: ____________ Primary Doctor: ____________

ID or Member #: ____________ Group or Policy #: ____________

Subscriber Name: ____________ Relationship to Patient: ____________

Subscriber's Birthday: ____________ Subscriber's Social Security: ____________

Subscriber's Employer Name: ____________ Address: ____________

ASSIGNMENT OF BENEFITS:

I hereby authorize assignment of payments directly to Orthopaedics Northeast. P. C. for any surgical and/or medical benefits, which are payable to me for this service described above. I understand that I am financially responsible for the charges not covered by this assignment of benefits or my insurance. I hereby authorize ORTHOPAEDICS NORTHEAST, P.C. to release any information relative to medical care received by to for the purposes of treatment and/or payment. Furthermore by signing below I declare that I have received a copy of ORTHOPAEDICS NORTHEAST, P.C. Privacy Precautions.

______________________________ ____________

SIGNATURE (MUST BE 18 OR OLDER) DATE