Transcend
Orthotics & Prosthetics

Welcome!

PATIENT INFORMATION

Last Name:	First Name:	Middle Name:		Suffix:
DOB:	Last 4 Digits of SSN:	Gender:	Height:	Weight:
Mailing Address:				
City:	State:	Zip Code:	County:	
Primary Phone: ❒ Cell ❒ Home		Secondary Phone: ❒ Cell ❒ Home		
E-mail:				

I permit Transcend O&P to contact me through the e-mail address provided here. I understand that some Protected Health Information (PHI) may be shared in the content of these messages, and I understand that e-mail is NOT considered a secure method to transmit this information:
❒ Yes ❒ No **Initial:** _____

Diagnosis:

Were you given a prescription for today's visit? ❒ Yes ❒ No	Are you diabetic? ❒ Yes ❒ No	
Emergency Contact Name:	Phone:	Relationship:

TRANSCEND ORTHOTICS & PROSTHETICS

» Assignment of Benefits and Release Information
I authorize the release of any medical information necessary to process any claims for payment for services or products received through Transcend Orthotics & Prosthetics. I authorize Transcend Orthotics & Prosthetics to be paid all benefits payable for orthotics-prosthetic services and durable medical equipment and supplies rendered to the patient by Transcend Orthotics & Prosthetics. If payment(s) for benefits are made directly to the patient/guarantor, the payee will indorse and remit all checks to Transcend Orthotics & Prosthetics.

» Return and Adjustments
I have received and read a copy of the Return and Adjustment Policies of Transcend Orthotics & Prosthetics and I understand and agree to these terms and conditions.

» HIPAA Privacy and Medicare Standards
I certify that I have been offered a copy of Transcend Orthotics & Prosthetics Notice of Privacy Practices and Medicare Standards. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information (PHI) that may occur in my treatment, payment of my bills or in the performance of Transcend Orthotics & Prosthetics health care operations. The Notice of Privacy Practices also describes my rights and Transcend Orthotics & Prosthetics duties with respect to my PHI. The Notice of Privacy Practices is posted in the waiting room at Transcend Orthotics & Prosthetics. Transcend Orthotics & Prosthetics reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail, asking for one at the time of my next appointment or accessing their website.

Printed Name of Patient: _____

Signature of Patient or Representative: _____ Date: _____