BUCKEYE SPINE & REHAB

Brian Higgins, DO • Frank Meszaros, MD • Jed Bell, DO

Date_____ Referring Dr._____ Birth Date_____ Age_____ Sex _____

Patient Name_____ Marital Status c M c S c W c D

Address _____

City_____ State_____ Zip _____

S.S. No._____ Home Phone_____ Work Phone_____ Cell _____

Patient's Employer _____

Insurance Card Holder Information:

Name _____ Relationship_____

Birth Date_____ Address (if different) _____

S.S. No._____ Home Phone_____ Work Phone _____

In case of emergency, who should we notify?

Name_____ Phone_____ Relationship _____

Family Physician_____ Phone _____

INSURANCE INFORMATION

	Primary	**Secondary**
Company Name	_____	_____
If BWC, please provide Claim No.	_____	Date of Injury _____

I authorize the holder of medical or other information about me, to release to the Social security administration or its carriers, or to my private insurance carriers, any information needed for this or a related insurance claim. I permit a copy of this authorization to be used in place of the original. I request payment of medical insurance either to myself or to the party who accepts assignment. I authorize Drs. Higgins, Meszaros, and Bell to bill all services and allow my insurance carrier to issue benefit payments directly to Drs. Higgins, Meszaros, or Bell. I understand that any services not covered by insurance are the responsibility of the patient and the responsible party.

I understand my insurance does not pay copays, deductibles or other out-of-pocket expenses. My insurance may not cover all or some of these services. Medicare and/or commercial insurance will not pay for non-covered services as my policy is limited by the benefits provided through my employer or through the Medicare program. If me or my responsible party does not pay patient responsible balances in a timely manner, Buckeye Spine and Rehab may take collection action against me. I also realize that all collection costs will be added to the balance of my account.

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Signature of Patient Date Signature of Responsible Party Date