



**WHO IS YOUR DOCTOR?:** \_\_\_\_\_

<b>Patient information (PLEASE PRINT IN THE FIELDS LISTED BELOW)</b>		
<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>
<b>Date of Birth (MM/DD/YYYY):</b>	<b>Gender (circle one):</b> Male / Female	<b>SSN:</b>
<b>Weight:</b> lbs. / Height ' "	<b>Last Name Suffix (circle one):</b> Sr. / Jr. / I / II / III / IV / <b>Other:</b>	
<b>Marital Status (Circle One)</b> Single / Married / Divorced Domestic Partner / Separated Widowed	<b>Employment Status (Circle One)</b> Full-time / Part-time / Self-Employed / Unemployed Student / Retired / Disability	
<b>Mailing Address</b>		
<b>Address Line 1:</b>		
<b>Address Line 2:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Secondary Address (If different than mailing address)</b>		
<b>Address Line 1:</b>		
<b>Address Line 2:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Telephone Numbers and Email Address information (Please include contact name if patient is a minor child)</b>		
<b>Home Phone:</b> ( )	<b>Cell Phone:</b> ( )	<b>Work Phone:</b> ( )
<b>Email address(s):</b>		
<b>Preferred method of contact to confirm appointments and to see how you are doing after your fitting</b> (please circle all that apply) HOME / CELL / WORK / EMAIL		
<b>Emergency Contact Information</b>		
Name of emergency contact: _____		
Home Phone: ( )	Cell Phone: ( )	Work Phone: ( )
Relationship to patient (circle one)		
Parent / Guardian / Grandparent / Spouse / Domestic Partner / Sibling Child / Friend / Other		

**Does patient have any allergies?** (Please list) \_\_\_\_\_

**Previous user of an orthotic or prosthetic?**(if yes, please list) \_\_\_\_\_

**IF PATIENT IS A MINOR:**

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

**Preferred Method of Payment**

Cash / Check / Credit Card / Insurance

We can bill most insurance plans as a courtesy to our patients. We cannot guarantee coverage as policies vary greatly from one plan and/or individual to the next. It is the responsibility of the guarantor to be aware of cost shares, deductibles and non-covered services or devices. Anything not covered by insurance will be the patient's (or guarantor if minor child/vulnerable adult) financial responsibility.

**Insurance Information**

<b>Primary Insurance Information</b> (circle one) Private Insurance / Medicaid, Tefra, Denali Kidcare Automobile / Worker's Comp / Triwest / Medicare
<b>Insurance Company Name:</b>
<b>Subscribers Name</b> (Full name please) _____
<b>Subscribers ID#</b> _____ <b>Subscribers Date of Birth</b> ____/____/____
<b>Relationship to Patient</b> (circle one) Self / Spouse / Child / Other: _____
<b>Secondary Insurance Information</b> (circle one) Private Insurance / Medicaid, Tefra, Denali Kidcare Automobile / Triwest / Medicare
<b>Insurance Company Name:</b>
<b>Subscribers Name</b> (Full name please) _____
<b>Subscribers ID#</b> _____ <b>Subscribers Date of Birth</b> ____/____/____
<b>Relationship to Patient</b> (circle one) Self / Spouse / Child / Other: _____
<b>Tertiary Insurance Information</b> (circle one) Private Insurance / Medicaid, Tefra, Denali Kidcare Automobile / Triwest / Medicare
<b>Insurance Company Name:</b>
<b>Subscribers Name</b> (Full name please) _____
<b>Subscribers ID#</b> _____ <b>Subscribers Date of Birth</b> ____/____/____
<b>Relationship to Patient</b> (circle one) Self / Spouse / Child / Other: _____
<b>Guarantor Information</b> (If different from patient or primary insured individual)
<b>Guarantor Full Name:</b> _____ <b>Date of Birth:</b> _____
<b>Home phone:</b> _____ <b>Cell phone:</b> _____ <b>Work phone:</b> _____

**I will notify Alchemy O&P should any changes in my contact information occur. This includes address, phone number(s), insurance carrier, etc. I will supply my card or proof of insurance so that it may be copied/scanned to be kept in my file. I understand any costs not covered by insurance are my responsibility.**

**Signature of patient or authorized agent will be collected at the time of the first appointment.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Patient Signature (If patient is minor child, parent/guardian signature) Date

\_\_\_\_\_  
Printed Name