BT ORTHOTIC LABS, INC. PATIENT REGISTRATION

SECTION 1: PATIENT INFORMATION	
Personal Information	Mr/Ms/Mrs First: _____ MI: Last: _____ Address: _____ City: State: Zip Code: Home Phone: _____ Work: Cell: Emergency Contact Phone: Email Address: _____ Social Security Number: Male/ Female: o M o F Marital Status: DOB: Guarantor: Patient Relationship to Guarantor: Guarantor Address: City: State: Zip Code: Phone:
Physician Information	Referring Physician: Phone: Primary Care Physician: Phone:
Condition Information	Are you a diabetic? o Yes o No If yes, name and address of physician treating your diabetes: Physician Name: Phone: Address: _____ Are you familiar with the device prescribed and it's purpose? Have you received a similare service in the past five years? oYes oNo Are you in'hospice care? oYes oNo Are you a resident of a skilled nursing (nursing home} facility? oYes o No
SECTION 2: INSURANCE INFORMATION	
Primary Insurance	Primary Insurance: Policy#: Group: Name of Insured: Relationship: DOB:
Secondary Insurance	Secondary Insurance: Policy#: Group: Name of Insured: Relationship: DOB:

Please present the receptionist with your insurance card(s) so we may make copies.

I certify that the information provided by me is true, accurate and complete.

_____ _____

Signature of Patient/ Guarantor Date

BT ORTHOTIC LABS, INC.

Payment Agreement

I understand that some policies do not fully cover all charges. I agree that I will assume responsibility for any approved co-pay and / or deductible amount for covered procedures and full charges for any uncovered procedures. We do not accept assignment for custom foot orthoses. **PRIOR TO FABRICATION A 50% DEPOSIT IS REQUIRED ON ALL CUSTOM DEVICES.** Each device is patient specific. There are **NO REFUNDS** on custom devices.

Treatment Consent

By signing below, I hereby consent to having BT Orthotic Labs, Inc., and its employees, provide Orthotic service to me / my dependent. I consent to authorize them to take any and all measurements, casting, molding, photographs tracing, etc. as necessary to design fabricate, fit and deliver the prescribed devices.

Warranty Policy:

BT Orthotic Labs, Inc. offers a 60 day warranty on parts, components and workmanship. This warranty covers any adjustments, alterations, repairs or replacement that may be necessary due to normal wear and tear. BT Orthotic Labs, Inc. may decide to alter, adjust, repair or replace an orthoses at their discretion. Warranty does not cover repairs, adjustment, alterations or modifications that may be necessary as a result of neglect, abuse, anatomical changes in the prescription or its components.

Signature: _____ Date: _____