



1303 W. Evergreen Ave.
Effingham, IL 62401
(217) 342-3400
Patient Information Form

Facility _____
Date _____
Dr. _____

Personal Information

Patient	Last Name	First Name	Middle Name		
Mr. Mrs. Ms.					
Patient's Address	Apt# (PO Box)	City	State	County	Zip Code
Social Security #	Age	Date of Birth	Marital Status	Sex	
Home Phone / Cell Phone#	Email Address		Race	Language	
Patient Employed By	Employer's Address	City	State	Zip Code	Phone #
Referring Physician	Primary Care Physician	Physician's Address	Emergency Contact	Relationship	Phone #

Is Patient currently in a Nursing / Private Home? Yes No Name of facility: _____

Guarantor Information

Complete This Section If Someone Other Than The Patient Is Responsible For The Medical Bill

Guarantor's Name	Address	City	State	Zip Code
Relationship to Patient	Phone #	Social Security #	Date of Birth	

Insurance Information

Please Present Insurance Card. We Bill Your Insurance As A Courtesy

Who is Responsible For Payment Of This Claim? (Check Appropriate Box)						
Self <input type="checkbox"/>	Health Insurance <input type="checkbox"/>	Purchased on Exchange Plan Y <input type="checkbox"/> N <input type="checkbox"/>	Liability Claim <input type="checkbox"/>	Auto Insurance <input type="checkbox"/>	Medicare <input type="checkbox"/>	Medicaid <input type="checkbox"/>
	<i>Affordable Care Act</i>					

Worker's Compensation Information

If work comp is responsible for payment of this claim please provide information below

Worker's Comp <input type="checkbox"/>	Employer Name	Employer Address
Employer Phone #	Employer Fax #	Date of Injury
Claim Number	Body Part	Rehab Nurse
		Yes <input type="checkbox"/> No <input type="checkbox"/> Name:

Assignment of Benefits

I authorize the release of any medical information necessary to process this claim. I also request payment of government benefits either to myself or the party who accepts assignment. I authorize payment of medical benefits of Bonutti Orthopaedic Services, Ltd. I understand I am personally responsible for all fees of Bonutti Orthopaedic Services, Ltd. Also I understand I will be assigned a finance charge of 1.5% per month for all fees over 90 days past due.

Patient's Signature	Date	Guarantor's Signature	Date

Payment Is Due At Time Of Service