

J&K Orthopedics

320 E Bonita Ave. Pomona, CA 91767
909-621-1180

224 E. College Ave. Covina, CA 91723
626-331-8856

Patient Information Sheet

Patient Information

First Name _____ M. I. _____ Last Name _____ DOB _____ SSN _____ M/F _____

Address _____ Apt# _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email Address _____

Driver's License # _____ State _____ Exp Date _____ Height _____ Weight _____ Occupation _____

Employer _____ Employer Phone _____

Emergency Contact/Legally Responsible Representative _____ Contact Phone _____

Insurance Information

Primary Care Physician _____ Phone Number _____

Referring Physician (if different) _____ Phone Number _____

Primary Insurance _____ Member ID _____ Member SSN & DOB if different from above _____

Secondary Insurance _____ Member ID _____

Condition Information

Is your condition the result of an injury? **Y/N** Did your injury occur at work? **Y/N** Is your injury the result of an automobile accident? **Y/N**

Please describe your injury. _____

Are you Diabetic? **Y/N** Name & phone # of Dr treating your diabetes: _____

Have you ever received a similar device? **Y/N** Was the device provided by J&K Orthopedics? **Y/N**

Is that device being replaced? **Y/N** Estimated date of previous device delivery _____

Is there new medical necessity? **Y/N**

Describe injury _____

Describe change in need _____

I certify that the above information is true and accurate to the best of my knowledge.

Signature _____ Date _____

J&K Orthopedics

320 E Bonita Ave. Pomona, CA 91767
909-621-1180

224 E. College Ave. Covina, CA 91723
626-331-8856

The "Health Information Portability and Accountability Act of 1996" (HIPAA) requires that J&K Orthopedics make a good faith effort to advise all clients of the measures taken to protect their "Personal Health Information" (PHI). The entire document is provided for your review in our waiting room and each of our treatment rooms. What this means to you is:

1. Your personal health information will only be discussed by members of our staff and those involved in the delivery of your health care.
2. Some relevant information may be discussed with our technical staff or outside fabrication solely for the purpose of:
 - a. Design and fabrication of your device
 - b. Ordering of needed items to be provided or that will become part of your device
 - c. Completing warranty information for any portion or the entire device to be provided
3. If you chose not to pay for the device yourself, any PHI may be divulged to complete the process of:
 - a. Getting benefits and coverage information from your pay source
 - b. Getting authorization from your pay source
 - c. Submitting a claim for payment of services provided
 - d. Collection of payment for services provided
4. J&K Orthopedics will employ certain physical security measures to safeguard your PHI including:
 - a. Password requirements to log on to computers where information is stored
 - b. Records and files are secured in rooms or cabinets that are not readily accessible to non-staff members

J&K Orthopedics is committed to ensuring the dignity and privacy of all clients whose trust is extended to our staff. If you have any specific request outside of normal practices please feel free to advise our reception personnel who can advise you of your options. A copy of this document is available to you at your request.

I have read the Notice of Privacy Practices brief related to HIPAA and have had all policy information made available for my review

Date _____ Signature _____

J&K Orthopedics

320 E Bonita Ave. Pomona, CA 91767
909-621-1180

224 E. College Ave. Covina, CA 91723
626-331-8856

To All Our Patients:

We will verify your insurance benefits and coverage as a courtesy to you. We do not speak for your insurance company, and cannot guarantee the accuracy of their statements. We are not responsible if we are given incorrect information by your insurance company regarding co-insurance payments, deductibles, coverage, or benefits.

All co-insurance payments are due prior to the delivery of your Durable Medical Equipment (DME). Please note that there is a fee for using credit/debit cards.

By signing this form you authorize payment be made directly to J&K Orthopedics by your health plan.

Please note that if an item is ordered for you but you decide not to take it after all, you may be charged for an office visit, a re-stocking fee and/or a shipping fee if applicable. Additionally many devices provided by J&K Orthopedics are custom made specifically for the individual patient. Others are special ordered specific for the individual patient. Many of these devices are custom made or specifically ordered and therefore cannot be used by any other patient. Any of these items made/ordered specifically for you will be your financial responsibility and we will appropriately bill your insurance if you fail to accept delivery.

To Our Patients With HMO Coverage: We must have an authorization from your doctor to provide services.

To Our Medicare Patients:

Medicare now requires documentation for every item prescribed by your doctors. This means that before we can provide you with an item, we need to have a signed prescription from your physician in addition to medical documentation (i.e. a chart note) stating your diagnoses, the reason the prescribed item is needed, and for some devices additional qualifying information. Your assistance in securing this documentation, if necessary, will allow us to provide you with your device in a more timely manner.

If your device is not covered by Medicare, or if you choose to not wait for the documentation from your physician, you have the option to pay for it yourself. Payment is due at the time of delivery of your device. Please note in this case we still require a prescription.

The "CMS Medicare DMEPOS Supplier Standards" are available to you for your review in the lobby as well as in each patient room.

Date _____ Signature _____