



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 [ ]	Health Insurance [ ] Purchased on Exchange Plan Y [ ] N [ ] <i>Affordable Care Act</i>	Liability Claim [ ]	Auto Insurance [ ]	Medicare [ ]	Medicaid [ ]

**Worker's Compensation Information**

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

Worker's Comp [ ]	Employer Name	Employer Address
Employer Phone #	Employer Fax #	Date of Injury
Claim Number	Body Part	Rehab Nurse
		Yes [ ] No [ ] 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