



Midwest
Orthopaedics
at RUSH

Patient Registration Form

Dr. _____

PLEASE PRINT

Date _____

PATIENT INFORMATION	Last Name		First Name		Middle	
	Address			Home Telephone ()		
	City		State/Zip Code	Work Telephone ()		
	E-Mail		Pager Number ()	Cell Telephone ()		
	Social Security Number / /	Birth Date ____ / ____ / ____ MM DD YYYY		Age	Sex (circle one) F M	Marital Status (circle one) S M W D
	Occupation	What part of the body was injured? Left Side Right Side		Date of Injury/Onset		
	Primary Physician			Primary Physician Telephone ()		
	Primary Physician Address					
	Referring Physician			Referring Physician Telephone ()		
	Referring Physician Address					

GUARANTOR & INSURANCE INFORMATION (Person who has insurance)	Responsible Party for this account or Custodial Parent. Complete if Different from Above				
	Last Name		First Name		Relationship
	Address		Guarantor Social Security / /	Guarantor Birth Date ____ / ____ / ____ MM DD YY	
	Insurance				
	Primary Insurance			Policy Number: Group/ID Number:	
	Street Address			Insurance Telephone ()	
	City		State/Zip Code	Contact Person	
	Secondary Insurance			Policy Number: Group/ID Number:	
	Street Address			Insurance Telephone ()	
	City		State/Zip Code	Contact Person	
<p>If you did not bring insurance cards with you, all charges will be your responsibility and payable at the time of service. Obtaining required referral forms and treatment pre-certification is the patient's responsibility. All unpaid balances and or denied claims are your responsibility.</p>					

PLEASE READ AND COMPLETE SECTIONS ON REVERSE SIDE

EMPLOYER INFO.	Employer	Employer Telephone ()		
	Employer Address	Contact Person		
WORKER'S COMPENSATION AND LITIGATION	Name of Worker's Compensation Carrier	Claim Number		
	Street Address	State	Zip Code	
	Attorney's Name (if lawsuit is involved)	Phone Number ()		
	Street Address	State	Zip Code	
	Is this injury related to work, auto accident or other? Please specify.			
	Are you able to work?	Last day worked?		
EMERGENCY CONTACT	Note: If possible, please provide information different from your home information.			
	Name	Relationship		
	Home Telephone ()	Work Telephone ()		

How did you find out about Midwest Orthopaedics at Rush?

- Referred from Family Member/Friend
- Referred from Midwest Orthopaedics at Rush Employee
- Referred from Physician
- Referred from Other Healthcare Provider (e.g., physical therapist, etc.)
- Internet
- Newspaper Ad
- Magazine Ad
- Television
- Radio Ad
- Yellow Pages
- Other (explain) _____

We would like to hear your thoughts, comments or questions. Please feel free to enter additional information.