Sampson's
Prosthetic & Orthotic Laboratory

Corporate Office: 1737 State Street • Schenectady, NY 12304 • www.Sampsons.com
Phone: (518) 374-6011 • Toll-free: (800) 774-9824 • Fax: (518) 393-3292
Queensbury • Amsterdam • Saratoga Springs • Albany

Patient General Registration, Referral source, Referring physician and Emergency Contact

Patient Printed Name/ First, Middle Initial and Last Name

DOB:	Social Security Number:	Email Address for reminder, follow up appointments and satisfaction surveys:	
Employed? Circle one Yes or No?	Driver License #:	Marital Status: circle one Single/married/divorced/widowed /other	
Where?	Home Phone:	Cell Phone:	Work Phone:

Home Address Street/Apt #: _____

City, State & Zip code _____

Who referred you to Sampsons?	Emergency Contact Person Name: what is their relationship to you? Contact Person phone #

Is the person who referred you here today also the physician that signed your prescription?
Circle one Yes or No?
If no, who is your prescription signed by?

Primary Insurance/Payor:	**Secondary Insurance/Payor:**
Patient Id:	Patient Id:
Patient Relationship to Policy Subscriber:	Patient Relationship to Policy Subscriber:
Primary Ins Address and Phone #	Secondary Ins Address and Phone #
	Tertiary Insurance/Payor:
What are you being seen for here today?	Patient Id:
	Your Relationship to Policy Subscriber:
	Tertiary Ins Address and Phone #

I attest that I have read the back of this registration as to the agreements & acknowledgements.

_____

Signature of Patient date signed

_____

Or Signature of personal representative/ printed name of patient representative and your relationship to the patient

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FINANCIAL POLICY, NO SHOW and HIPPA ACKNOWLEDGEMENT

Responsibility to Pay for Services Rendered: Please remember that insurance is considered a method of reimbursing the patient for fees paid to the Prosthetist/Orthotist and isn't a substitute for payment. Some companies pay a percentage of that charge. It is your responsibility to pay any deductible amount, copays, coinsurance or any other balances not paid by your insurance.
Authorization to Verify Insurance: I authorize the release of any information necessary to determine liability for payment and to obtain reimbursement on any claims (this may include a credit check and references.)
Grant Payment to Sampsons: I request that payment of authorized benefits be made on my behalf. I assign the benefits payable to which I am entitled including Medicare, Medicaid, private insurance or other health plan payments to Sampsons' Prosthetic & Orthotic Laboratory. If I receive the insurance payment at my home, it is my responsibility to pay Sampsons' Prosthetic & Orthotic Laboratory for services rendered.
Collections and Attorney Fees**:** If this account is assigned to an attorney for collection and/or suit, the practice shall be entitled to reasonable attorney's fees and costs of collection.
No Return Policy on Custom-Made Items: I understand that any item which is custom molded or custom made cannot be returned and I also understand that once started it cannot be cancelled. If so – my deposit will not be refunded.
No Show/No Call: If you cannot make your appointment and do not notify us within 24 hours of your appointment that are not coming, your account will be charged a $25 no show/no call fee.
Effective: This assignment will remain in effective until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original.
Agreement: I agree to the assignments and financial responsibilities described herein.

HIPPA Acknowledgement: I certify that I have received a copy of Sampsons' Prosthetic & Orthotic Laboratory Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosure of my protected health information (PHI) that might occur in my treatment, in payment of my bills, or in the performance of Sampsons' Prosthetic & Orthotic Laboratory health care operations. The Notice of Privacy Practices also describes my rights and Sampsons' Prosthetic & Orthotic Laboratory duties with respect to my protected health information. The Notice of Privacy Practices is posted in the office and on Sampsons' Prosthetic & Orthotic Laboratory's website at www.sampsons.com.

Sampsons' Prosthetic & Orthotic Laboratory reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obstain a revised Noteice of Privacy Practies by calling the office and requesting a revised copy be sent in the mail, asking for one at the time of my next appoitnemn6t or accessing Sampsons' Prosthetic & Orthotic Laboratory's website at www.sampsons.com.

_____

Signature of Patient date signed

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