Capital City Orthopaedics, P.A.

Michael W. Burris, M.D. Omar H. Akhtar, M.D.

Welcome To Our Office!

Name: ____
First Middle Last

SSN: ______________________________ Birthdate: ____________________

Home Address: ____

City: ______________________________ State: _________ Zip: __________

Primary Phone: (_____) ____________________ Alt. Phone: (_____) ______________

Email Address: ____

Employer: ___________________________ Work Phone: (_____) ______________

Emergency Contact: ___________________ Phone: (_____) __________________

Relationship: ________________________

Primary Insurance Carrier: ________________ Policy Number: __________________

Secondary Insurance Carrier: ______________ Policy Number: __________________

Pharmacy & Address: ____

Appointment Reminder via Text _____ or Voice Message _____ Phone Number_____________

Complete below ONLY if someone other than the patient is financially responsible.

Responsible Party: _____________________ Relationship: ___________________

Home Address: ____

City: ______________________________ State: _________ Zip: __________

Telephone: (_____) _____________________ Cell Phone: (_____) ______________

Employer: ___________________________ Work Phone: (_____) ______________

SSN: ______________________________ Birthdate: ____________________

Our office will file insurance claims on your behalf for all reimbursable services, to both your primary and secondary insurance carriers. By signing below, you agree to the following:

1) Your insurance company will make payment of benefits to Capital City Orthopaedics.
2) We may release your medical data to other organizations as required to adjudicate your insurance claims.
3) Capital City Orthopaedics may view your external prescription data as needed to provide medical care.
4) You are responsible for all deductibles, co-pays, and non-covered service amounts. See our financial policy for additional details.

_________________________________ _________________________

Signature of Patient or Responsible Party Date