



PANORAMA
Orthopedics & Spine Center

Patient Last Name: _____ First Name: _____ Middle Initial: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Male / Female _____ SSN#: _____ Date Of Birth: _____
 Evening Phone Number: _____ Day Time Phone Number: _____
 Email: _____ Marital Status: _____ Employer: _____
 Primary Care Physician: _____ Phone Number: _____
Primary Insurance: _____ **Secondary Insurance:** _____

REQUIRED: Policy holder information

Primary Insurance: _____ Policy Holder Name: _____ Date of Birth: _____
 Mailing address if different from above: _____ SSN#: _____
Secondary Insurance: _____ Policy Holder Name: _____ Date of Birth: _____
 Mailing address if different from above: _____ SSN#: _____

Complete this section only if someone other than the patient is financially responsible:

Responsible Party's Name: _____ Relationship to Patient: _____
 Mailing Address: _____ City: _____ State: _____ Zip Code: _____
 Day Time Phone Number: _____ Evening Phone Number: _____

Is this work related, if so date of injury: _____ body part being seen for: _____
 Is this auto related, if so date of accident: _____ body part being seen for: _____

In Case Of Emergency:

Contact's Last Name: _____ First Name: _____
 Relationship to Patient: _____ Day Time Phone Number: _____

Insurance Authorization and Assignment of Benefits:

I authorize the physicians and physicians' assistants at Panorama Orthopedics and Spine Center to treat my illness or injury.
 I hereby authorize the release of any medical information necessary to process my claim & I authorize payment of medical & surgical benefits to Panorama Orthopedics and Spine Center. If my insurance company denies payment, for any reason, I will be responsible for the balance of the account. I understand that copayments are due at the time of service and that I will be billed a **\$15 copay billing fee** if I do not make payment on the date service is provided.

"The following physicians have an ownership interest in Golden Ridge Surgery Center: Amit Agarwala, M.D.; ; Mitchell Seeman, M.D.; Christopher Brian, M.D.; Mark Conklin, M.D.; Bharat Desai, M.D.; Douglas Foulk, M.D.; Thomas Frierwood, M.D.; Charles Gottlob, M.D.; Christopher Hirose, M.D.; James Johnson, M.D.; Patrick McNair, M.D.; Michael Morley, M.D.; Peter Lammens, M.D.; Mark Mills, M.D.; Thomas Puschak, M.D.; Walter Robinson, M.D.; Eric Stahl, M.D.; Douglas Straehley, M.D.; Douglas Wong, M.D."

Date _____ Signature: _____

if a minor, parent/legal guardian signature required

How did you hear about us:

- Bumps and Bruises Clinic
- Coors Medical Center
- Copper Mountain
- Current Patient
- Friend
- Health Grades
- Hospital/Urgent Care
- Inrternet
- Insurance Company
- New West Physicians
- Newspaper

- Panorama Employee
- Panorama Ice Cream Truck
- Peak Athletics
- Physical Therapist
- Primary Care Doctor
- Radio
- Rush Soccer
- Trainer
- Work Comp Doctor
- Yellow Pages