N. Birrell Smith, M.D.
Orthopaedic Surgery

350 Posada Lane, Ste 201 Templeton, CA 93465 Phone: 805-434-0876

Patient Information

Name: (Last, First, Middle Initial)	Date of Birth:	Age:	Sex:
Mailing Address:	City:	State:	Zip:
email:	Ethnic Group:	Race:	Marital Status:

Primary Phone (8-5 pm):	Secondary Phone:	Work Phone:
Social Security:	Driver's License #:	Occupation:

Employer's Name:	Employer's Address:
Name of Spouse or (Parent if under 18):	Primary Phone (8-5 pm):
Primary Language:	Do you need an English language Interpreter? Yes No

Emergency Contact:	Primary Phone (8-5 pm):	Relationship:
Who referred you to this office?	Primary Care Doctor:	

Insurance Information

Primary Insurance:	Primary Insurance Group & ID Number:	
Name of Insured & relationship:	SSN:	Birthdate:
Secondary Insurance:	Secondary Insurance Group & ID Number:	
Name of Insured & relationship:	SSN:	Birthdate:

Job Related Injury?:	Date of Injury:	Claim #:
Name of Work Comp Carrier:	Adjuster:	
Address:	Phone:	

Please read and sign below:

- I authorize release and treatment information to my insurance company.
- I assign insurance benefits to the above named provider.
- I understand that I am financially responsible for co-payments and non-covered/denied services.
- A fee of $5 per month will be added to unpaid balances over 30 days.
- There is a minimum charge of $15 cash for any forms completed by provider.
- There is a minimum charge for copy of medical records in excess of 3 pages.
- Appointments cancelled or missed without 24 hours advance notice are charged to patient at $25.

Signature: _____ Date: _____

Updated 7/11