

Main Office
4802 S. 109th E. Ave.
Tulsa, OK 74146

South Office
4812 S. 109th E. Ave.
Tulsa, OK 74146

Tulsa
Bone & Joint
Associates

www.tulsaboneandjoint.com
(918) 392-1400

Broken Arrow Office
2950 S. Elm Pl., Suite 456, 640
Broken Arrow, OK 74012

Owasso Office
12455 E. 100th St. N., Suite 190
Owasso, OK 74055

Patient # _____ **PLEASE PRINT** Doctor # _____

Date _____

Patient Name _____
Last First Middle

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Spouse Cell (____) _____ OR List alternate contact: Name _____ Phone _____

SS# _____ Birthdate _____ Language _____

Email Address _____

Gender: Male Female Marital Status: (circle one) Married Single Divorced Widowed Partner

Primary Care Physician _____
Address Phone

Preferred Pharmacy _____ Pharmacy Location _____

Is patient in a nursing home? Yes No If yes, address _____

Who referred you to Tulsa Bone and Joint? _____

INSURANCE INFORMATION

PRIMARY INSURANCE or WORKERS COMP CARRIER

SECONDARY INSURANCE

Insurance Co. _____ Insurance Co. _____

Subscriber _____ Subscriber _____

Birthdate _____ SS# _____ Birthdate _____ SS# _____

Subscriber Relationship to Patient _____ Subscriber Relationship to Patient _____

Subscriber's Employer _____ Subscriber's Employer _____

Medicare patient working? Yes No Spouse Working? Yes No Employer Name _____

INJURY INFORMATION

Injury Details _____

Date of injury ____ / ____ / ____ Area of Pain _____

INJURY? Yes No Auto Work Other Were X-Rays taken? _____

How did injury occur? _____

Where did injury happen? _____

We will be notifying your health insurance. Do you have an attorney? Yes No Name _____

IF PATIENT IS A MINOR

Father's Name _____ Employer _____

Work Phone (____) _____ Social Security # _____

Mother's Name _____ Employer _____

Work Phone (____) _____ Social Security # _____

EACH PATIENT (OR RESPONSIBLE PARTY) IS FINANCIALLY RESPONSIBLE FOR SERVICES RENDERED. WHILE WE ARE PLEASED TO ASSIST IN THE PREPARATION OF INSURANCE FORMS, THE OBLIGATION FOR PAYMENT OF OUR FEES REMAINS THAT OF THE PATIENT.

I hereby authorize payment to Tulsa Bone & Joint Associates for medical services rendered. Including third party insurance carriers wherein the injuries suffered by me or my dependent resulted from the negligence or other acts or acts of others. I authorize the release of any information required in the course of my examination or treatment.

Signature _____ Date _____