Payment of this bill: I authorize payment of medical benefits to Wisconsin Bone and Joint, S.C. physicians for services rendered. I acknowledge that you may release information to process all claims as a service to me.

SIGNED: ________________________________
DATE: ___________________
PATIENT NAME: ____________________________

PRIMARY INSURANCE: ________________________________

POLICY HOLDER’S NAME: ____________________________

POLICY HOLDER’S DATE OF BIRTH: _______________________

PRIMARY INSURANCE CO.: ____________________________

ADDRESS: _______________________________________

ID NUMBER OR POLICY NUMBER: ______________________

GROUP NUMBER: _______________________

RESPONSIBLE PARTY NAME: ________________________

RELATIONSHIP: ____________________________

ADDRESS: _______________________________________

PHONE: ____________________________

SECONDARY INSURANCE:

SECONDARY POLICY HOLDER’S NAME: ______________________

SECONDARY POLICY HOLDER’S DATE OF BIRTH: ________________

SECONDARY INSURANCE CO.: ____________________________

ADDRESS: _______________________________________

ID NUMBER OR POLICY NUMBER: ______________________

GROUP NUMBER: _______________________

RESPONSIBLE PARTY NAME: ________________________

RELATIONSHIP: ____________________________

ADDRESS: _______________________________________

PHONE: ____________________________

WORKMEN’S COMPENSATION INFORMATION:

BILLING NAME AND ADDRESS (Workmen’s Compensation Carrier): ________________________________

EMPLOYER’S NAME: ________________________________

CONTACT PERSON: ____________________________ CONTACT PERSON’S PHONE #: ____________________

CLAIM NUMBER: ________________________________

DATE OF INJURY AND BODY PART(S): ____________________________
## REVIEW OF SYSTEMS

Have you been experiencing any of the listed problems?

*Please explain any checked boxes in the space provided*

### Constitutional Symptoms

- [ ] Fever
- [ ] Weakness
- [ ] Chills
- [ ] Fatigue
- [ ] Sweats
- [ ] Loss of Appetite
- [ ] Weight Loss or Gain

### Integumentary

- [ ] Skin Rash
- [ ] Boils
- [ ] Persistent itch

### Musculoskeletal

- [ ] Joint Pain
- [ ] Neck Pain
- [ ] Back Pain

### Ear/Nose/Throat/Mouth

- [ ] Ear Infection/Pain
- [ ] Hoarseness
- [ ] Sore Throat
- [ ] Nose Bleeds
- [ ] Sinus Problem
- [ ] Swallowing Problems

### Genitourinary

- [ ] Urine Retention
- [ ] Painful Urination
- [ ] Blood in Urine
- [ ] Urinary Frequency
- [ ] Incontinence
- [ ] Vaginal or Penile Sores/Discharge
- [ ] Testicular Pain

### Respiratory

- [ ] Wheezing
- [ ] Frequent Cough
- [ ] Shortness of Breath
- [ ] Blood in Sputum

### Hematologic/Lymphatic

- [ ] Swollen Glands
- [ ] Blood Clotting Problem
- [ ] Easy Bruising/Tendency to Bleed

### Psychologic

- [ ] Depression
- [ ] Anxiety
- [ ] Paranoid Thoughts
- [ ] Suicidal Thoughts

### Other

- [ ] Blurred Vision
- [ ] Double Vision
- [ ] Pain
- [ ] Hay Fever
- [ ] Hives
- [ ] Tremors/Seizures
- [ ] Dizzy spells/Fainting
- [ ] Numbness/Tingling
- [ ] Headache
- [ ] Paralysis
- [ ] Memory Loss/Dementia
- [ ] Excessive thirst/Hunger
- [ ] Too hot/cold
- [ ] Tired/Sluggish
- [ ] Abdominal/Stomach Pain
- [ ] Nausea/Vomiting
- [ ] Indigestion/Heartburn
- [ ] Rectal Bleeding
- [ ] Black Stools
- [ ] Chest Pain
- [ ] ein Discomfort
- [ ] coldness/discoloration in legs or arms
- [ ] Irregular Heart Beat
- [ ] Swollen Legs

### Physician use only: (Comments/Notes)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Physician: ___________________________ Date: _____/_____/_____
Patient: __________________________

Date: _____/_____/_____
SUMMARY OF HIPAA PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Wisconsin Bone & Joint, S.C. may use and disclose protected health information about me to carry out treatment, payment and healthcare operations. Additionally, Wisconsin Bone & Joint, S.C. may use and disclose appointment reminders, treatment alternatives and health related benefits and services either by mail or phone.

When appropriate, Wisconsin Bone & Joint, S.C. may share health information with a person who is involved in my medical care or payment for my care. Under certain circumstances, Wisconsin Bone & Joint, S.C. may use and disclose health information for research. We will disclose health information when required to do so by international, federal, state, or local law, or to avert a serious threat to health or safety. Other entities include but are not limited to: business associates, organ and tissue donation organizations, the military and worker's compensation.

I understand I have a right to inspect, copy and amend records. I have a right to an accounting of disclosures, as well as being able to request restrictions and disclosures and request confidential communication with the office.

I further attest that I am aware that this is a summary of Wisconsin Bone & Joint, S.C.'s privacy notice and that I have been given the opportunity to obtain and review the notice in its entirety.

OWNERSHIP DISCLOSURE
Please be advised that Dr. James Cain, Dr. David Kornreich, Dr. Anthony Ferguson, Dr. Thomas Huizenga, Dr. Lawrence Maciolek, Dr. Donald Middleton, Dr. Stephen Robbins, and Dr. Jeffrey Stephany of this office have an ownership interest in Orthopaedic Hospital of Wisconsin; Drs. Dale Bauwens & Sean Tracy have an ownership in Midwest Orthopedic Specialty Hospital. In the course of your diagnosis and/or treatment at our office, you may be referred for services at Orthopedic Hospital of Wisconsin or Midwest Orthopedic Specialty Hospital. If you prefer that the services for which you are referred be provided at a different facility, please notify one of our staff members at, or as soon as possible after, the time of such referral so that alternative arrangements can be made.