LA TORRE ORTHOPEDIC LABORATORY
PRACTICE OF ORTHOTICS-PROSTHETICS
- SINCE 1920 -

PATIENT REGISTRATION SIGNATURE FORM

Benefits, Medical Information Release Authorization and Acknowledgment of Financial Responsibility:

I request my insurance benefits, if any, be paid directly to the provider. I authorize the release of any information necessary to provide services or process claims. I have read and understand the above and permit a copy of this authorization to be used in place of the original. My signature below also indicates that if I am a Medicare patient, I have received a copy of the Medicare Supplier Standards. As the responsible party I understand that I am personally responsible for the entire amount of any services furnished and that insurance benefits may be limited or non-existent. I agree to notify La Torre Orthopedic Laboratory immediately of any change in insurance coverage or status.

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SIGNATURE OF PATIENT / GUARANTOR

Acknowledgement of Receipt of Notice of Privacy Practices

I certify that I have been offered a copy of **LA TORRE ORTHOPEDIC LABORATORY's** Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills or in the performance of **LA TORRE ORTHOPEDIC LABORATORY's** health care operations. The Notice of Privacy Practices also describes my rights and **LA TORRE ORTHOPEDIC LABORATORY's** duties with respect to my protected health information. The Notice of Privacy Practices is posted at **960 Troy-Schenectady Rd., Latham, NY 12110.**

LA TORRE ORTHOPEDIC LABORATORY reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail, or asking for one at the time of my next appointment.

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Signature of Patient or Personal Representative

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Name of Patient or Personal Representative

_____

Date

_____

Description of Personal Representative's Authority