



WELCOME!

Thank you for choosing our practice to serve your medical needs. We are looking forward to seeing you soon.

You may pre-register prior to your visit. Please complete the forms and bring them to your scheduled appointment along with your Driver's License, Medical Insurance card, and Pharmacy Insurance card.

If needed, directions to our office are on our web site (www.srosm.com) or you can use Yahoo's "Maps". Convenient parking is located at our office.

Please bring any of your X-Rays/MRI images and reports with you to the visit. Your doctor will want to see those images. If you do not have the images with you, new ones will need to be taken.

And remember, if you can't make your appointment; call us one business day ahead so that another patient can be scheduled.

If you have questions or need more help, feel free to call our Woodlands office (281-364-1122), Spring office (832-698-0111), or Woodforest office (936-272-0790) at your convenience.

Sincerely,

The Doctors and Staff of Sterling Ridge Orthopaedics and Sports Medicine

SROSM.COM

THE WOODLANDS

6767 LAKE WOODLANDS DRIVE, SUITE F
THE WOODLANDS, TX 77382

P: 281.364.1122

F: 281.210.3450

SPRING

20639 KUYKENDAHL ROAD, SUITE 200
SPRING, TX 77379

P: 832.698.0111

F: 832.698.0150

WOODFOREST

750 FISH CREEK THOROUGHFARE, SUITE 100
MONTGOMERY, TX 77316

P: 936.272.0790

F: 936.272.0791



Patient Information and Assignment of Benefits

Patient Last Name _____ First Name _____ Middle Initial _____

Street Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____ Work Phone _____

Sex M F Age _____ Date of Birth _____ Single Married Widowed Separated Divorced

Social Security # _____ Driver's License # _____ Email _____

Language _____ Race _____ Ethnicity _____

How did you learn about our clinic? _____ Referring Physician _____

Person to contact in emergency (Name and Phone #) _____

EMPLOYER	Company Name _____ Occupation _____ Address _____ Phone _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time City _____ State _____ Zip _____ Years Employed _____
SPOUSE (PARENT)	Name _____ Date of Birth _____ SSN _____ <small>Last Name First Name Initial</small> Employer Name _____ Years Employed _____ Address _____ Phone _____ Occupation _____ City _____ State _____ Zip _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
PATIENT INSURANCE INFORMATION	Please list patient's primary medical insurance and/or employee health care plan coverage. Insurance Company or Health Care Plan Name _____ Policy/Group # _____ Effective Date _____ Name of Insured _____ ID # _____ Insured's relationship to patient: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other
SECONDARY INSURANCE INFORMATION	Please list any and all secondary health care plan coverage you may have. Insurance Company or Health Care Plan Name _____ Policy/Group # _____ Effective Date _____ Name of Insured _____ ID # _____ Insured's relationship to patient: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other



PATIENT MEDICAL HISTORY

Patient Name: _____
Date: _____

Past Medical History

- Have you ever had any medical problems Yes No
- High Blood Pressure Yes No
- Do you have a pacemaker? Yes No
- Heart Disease Yes No
- Stroke Yes No
- Respiratory Disease (Asthma, COPD) Yes No
- Sleep Apnea Yes No
- Kidney Disease Yes No
- Thyroid Disease Yes No
- AIDS/HIV Yes No
- Hepatitis Yes No
- Rheumatoid Arthritis Yes No

Have you had surgery? Yes No
Surgeries _____ Date _____

Please list any ALLERGIES TO MEDICATIONS:

1. _____
2. _____
3. _____

Please list any current medication(s) you are taking:

1. _____
2. _____
3. _____
4. _____

Are you latex sensitive? Y N

Social History: Do you/have you ever use(d):

- Tobacco Yes No
(If yes, how much? _____ no of years? _____)
- Alcohol Yes No
- Do you or have you had a problem with chemical dependency? Yes No

For women only:

- Are you pregnant? Yes No
- Are you breastfeeding? Yes No
- Are you using prescriptive birth control? Yes No

Family History:

Has anyone in your family had any of these conditions?

- Heart Disease Yes No
- Stroke Yes No
- Cancer Yes No
- Bleeding Disorder Yes No

Are you currently being treated for these conditions? Yes / No Explain: _____



Office and Financial Policies

Welcome and thank you for choosing Sterling Ridge Orthopaedics and Sports Medicine for your care. We are committed to providing you with the highest quality medical care in an efficient, timely and cost-effective manner. We hope that by providing you with our policies in advance will help prevent any misunderstanding or frustration at the time of your visit.

Department Information: Sterling Ridge Orthopaedics & Sports Medicine Pharmacy, Sterling Ridge DME, Chiropractic, and Sterling Ridge Physical/Occupational Therapy are departments and employees of Sterling Ridge Orthopaedics and Sports Medicine. The information contained in this document applies to each department and medical provider in the Sterling Ridge Orthopaedics and Sports Medicine practice.

No Shows and Late Cancellations: Our office requires 24 hour advance notice if you are unable to keep your scheduled Physician, Chiropractic, or Physical/Occupational Therapy appointment. We value our patients and their needs and when patients do not provide us with advance notice, our office is unable to offer this appointment time to another patient. If you miss a scheduled appointment or fail to cancel your appointment without 24 hour advance notice, your account may be assessed a \$50 fee.

Insurance Requirements: When making an appointment with one of our physicians, it is your responsibility to confirm with your insurance company that the physician is currently under contract with your plan. If your plan requires that you have a referral prior to seeing a specialist, please contact your primary care physician so that you will have the referral in hand at the time of your appointment. If you do not bring your referral with you to your appointment, we will need to reschedule your visit, unless you choose to be seen without using your insurance benefits and pay for your visit in full.

Insurance Claim Filing/Responsibilities: We will gladly file your insurance claim on your behalf. We allow 45 days from the date a claim is filed for the insurance company to pay. If the insurance carrier does NOT pay within this time, you will be responsible for the entire balance. You are responsible for the timely payment of your account.

Check-In: Please arrive for your appointment at least 15 minutes prior to your appointment time so that all paperwork may be completed before you are scheduled to see one of our medical providers. Please be prepared for co-pays, deductibles, and any past balances or fees for non-covered services prior to seeing your scheduled provider. Also, bring your current insurance card with you to EACH VISIT. Without the insurance card, we will be unable to file your insurance, and you will be responsible for the full amount of the charges accrued for the day. On follow-up visits, you will be asked to verify demographic and insurance information so that our records remain up-to-date. For your convenience, we accept all major credit cards in addition to cash and check.

Late arrivals: We do our best to keep to the schedule. When a patient arrives late, it is impossible to stay on schedule. If you arrive more than 15 minutes past your scheduled appointment time, we reserve the right to reschedule your appointment so that other patients are not inconvenienced.

Minors: The parent(s) or legal guardian(s) accompanying a minor are responsible for providing current insurance information for the minor and/or payment in full for services provided. Additionally, unaccompanied minors may only obtain treatment from Sterling Ridge Orthopaedics and Sports Medicine medical providers if a parent or legal guardian signs a release to this effect.

Medical Records/Images: Copies of your medical records/images (MRI, X-ray) are available to you upon request at a nominal administrative charge.

Returned Goods (Durable Medical Equipment) Policy: DME is considered a personal use product and once it leaves the office it is considered non-returnable. The two exceptions to this rule are 1) if there is a manufacturer's defect and 2) if the product was not used for surgery due to a physician's request, and should be returned in excellent, unused condition containing all original pieces. If there is a manufacturer defect, the product may be remedied by replacing the product. Your insurance company may not pay for certain services/products based on their determination of "reasonable and necessary" per your insurance company medical policies. If your insurance company determines that a particular service is not "reasonable and necessary" under your insurance company program standards, your insurance company will deny payment for that service. If you receive the service/product and this insurance non-payment occurs, you will be responsible for the amount due.

Consent to Treatment: Knowing that I have a condition requiring health care, I voluntarily authorize and consent to any and all medical treatments as may be deemed advisable by any and all Sterling Ridge Orthopaedics and Sports Medicine healthcare providers. My signature below indicates that I have read, understand, and agree to the office and financial policies outlined in this document. I hereby attest that I have given and have agreed to provide current demographic and insurance information as well as authorizing the release of information necessary for insurance filing and pre-certification by signing this statement.

Patient Name: _____

DOB: _____

Responsible Person's Signature: _____

Date: _____