

Orthopedic & Sports Medicine Center

A Medical Clinic

Shaik M. Saheb, M.D., Inc

Diplomate, American Board of Orthopedic Surgery
Fellow, American Academy of Orthopedic Surgeons

Patient Registration Form

Patient Information: (To be completed for all patients)

Last Name _____ M.I. _____ First Name _____

D.O.B. _____ SSN ____ - ____ - ____ Age _____ Sex _____ Marital Status _____

Address: _____ City _____ State _____ Zip _____

Tel: Home (____) _____ Work (____) _____ Cell (____) _____

Referring Physician _____ Primary physician _____

Private Insurance Information:

Insurance Company _____ Tel: (____) _____

Address: _____ City _____ State _____ Zip _____

Policy # _____ Group # _____

Policyholder's Name (if different) _____ Guarantor Spouse Parent

SSN _____ DOB _____ ID# _____

Secondary Insurance _____ ID# _____

Address _____ City _____ State _____ Zip _____

For Workers Compensation & P.I. (Med-Pay & Lien) Only:

Referring Physician/Attorney/Insurance _____

Insurance Company _____

Address: _____ City _____ State _____ Zip _____

W/C Claim # (Required) _____ P.I. Policy # _____

Adjuster _____ Fax # (____) _____ Tel # (____) _____

Date of Accident/Injury _____ First Consultation Date _____

Body Part Injured _____

Attorney _____ Fax# (____) _____ Tel #(____) _____

Address _____ City _____ State _____ Zip _____

Assignment of Benefits of Insurance Payment to Provider & Third Party Lien

I, _____, instruct and direct my insurance company to pay for all medical services performed by Dr. Saheb. Please mail checks to:

Shaik M. Saheb M.D., Inc
23502 Lyons Avenue Suite 202A
Newhall CA 91321

This is a direct assignment of my rights and benefits under this policy. I also authorize the release of any and all information pertaining to my case to any insurance company, adjustor, or attorney involved in this case. My signature below attests that I have read and fully understand this agreement.

Signature of policyholder or claimant

____/____/____
Date

****Please attach a legible copy of ID and Insurance Cards****