Sarah Bush Lincoln
Bonutti Clinic

1303 W. Evergreen Ave.
Effingham, IL 62401
(217) 342-3400
Patient Information Form

Facility _____
Date _____
Dr. _____

Personal Information

Patient	Last Name	First Name	Middle Name
Mr. Mrs. Ms.			

Patient's Address	Apt# (PO Box)	City	State	County	Zip Code

Social Security #	Age	Date of Birth	Marital Status	Sex

Home Phone / Cell Phone#	Email Address	Race	Language

Patient Employed By	Employer's Address	City	State	Zip Code	Phone #

Referring Physician	Primary Care Physician	Physician's Address	Emergency Contact	Relationship	Phone #

Is Patient currently in a Nursing / Private Home?   Yes [ ]   No [ ]   **Name of facility**:_____

Guarantor Information
Complete This Section If Someone Other Than The Patient Is Responsible For The Medical Bill

Guarantor's Name	Address	City	State	Zip Code

Relationship to Patient	Phone #	Social Security #	Date of Birth	

Insurance Information
Please Present Insurance Card. We Bill Your Insurance As A Courtesy

Who is Responsible For Payment Of This Claim? (Check Appropriate Box)					
Self [ ]	Health Insurance [ ] Purchased on Exchange Plan Y [ ] N[ ] *Affordable Care Act*	Liability Claim [ ]	Auto Insurance [ ]	Medicare [ ]	Medicaid [ ]

Worker's Compensation Information
If work comp is responsible for payment of this claim please provide information below

Worker's Comp [ ]	Employer Name		Employer Address	

Employer Phone #	Employer Fax #	Date of Injury	

Claim Number	Body Part	Rehab Nurse	
		Yes [ ] No [ ] Name:	

Assignment of Benefits

I authorize the release of any medical information necessary to process this claim. I also request payment of government benefits either to myself or the party who accepts assignment. I authorize payment of medical benefits of Bonutti Orthopaedic Services, Ltd. I understand I am personally responsible for all fees of Bonutti Orthopaedic Services, Ltd. Also I understand I will be assigned a finance charge of 1.5% per month for all fees over 90 days past due.

Patient's Signature	Date	Guarantor's Signature	Date

Payment Is Due At Time Of Service