



Orthopaedic Surgeons
 Robert A. Kayal, MD, FAAOS
Board-Certified Orthopaedic Surgeon
 Founder, President & CEO

Edward C. Friedland, MD, FAAOS
Board-Certified Orthopaedic Surgeon

E. Jeffrey Pope, MD
Board-Eligible Orthopaedic Surgeon

Foot & Ankle Surgeon
 Chad W. Rappaport, DPM, FACFAS
Board-Certified Foot & Ankle Surgeon

Podiatrist
 Theresa Ronna, DPM
Board-Certified Podiatrist

Physician Assistants
 Michael G. Kayal, RPA-C
Chief Physician Assistant

Dean P. Mellas, PA-C

WELCOME TO KAYAL ORTHOPAEDIC CENTER, P.C.

PATIENT'S NAME:		TODAY'S DATE:	
E-MAIL ADDRESS:			
PATIENT'S DATE OF BIRTH:			
BRIEFLY DESCRIBE THE REASON FOR TODAY'S VISIT	<hr/> <hr/> <hr/> <hr/>		
DATE OF ONSET OR INJURY:			
IS TODAY'S VISIT RELATED TO A WORK OR OCCUPATION INJURY?	YES	NO	AUTHORIZATION #:
IS TODAY'S VISIT RELATED TO A MOTOR VEHICLE ACCIDENT?	YES	NO	AUTHORIZATION #:
IF SO, HAS THIS INJURY ALREADY BEEN REPORTED?	YES		NO

AN IMPORTANT MESSAGE TO OUR PATIENTS ABOUT YOUR INSURANCE COVERAGE

In the past few years, the number of different health insurance programs has increased at an amazing rate. Even within one company, there may be several programs with different benefits and requirements. There is absolutely NO WAY that we can possibly know or keep up to date with each program's provisions. Some programs require that you utilize a specific facility. Some require pre-authorization for services, while others do not. Some require a signed referral from your primary care physician prior to any consultations with a specialist. Finally, some programs may require a second opinion. It is your responsibility to know and advise us of your program's requirements in advance each and every time that we provide a service. We will do our best to comply with any requirements that you may have. Please understand that if we provide a service that is outside of your program, you will be responsible for the appropriate fees. These are NOT our regulations. They are your insurance company's rules, and unless you follow them carefully, your insurance company may decline all or part of your claim. Your insurance carrier should have provided you with a phone number to be used if you have any questions concerning your coverage. With respect to bill collections, please understand that unless other written arrangements are made with Kayal Orthopaedic Center, P.C., I agree to pay your final bill within 30 days of receipt. If I do not pay what I owe, I understand that I will be in default and the Kayal Orthopaedic Center, P.C. may retain an attorney to collect the balance due to it. If the Kayal Orthopaedic Center, P.C. retains an attorney who is not a salaried employee, I agree to pay the Kayal Orthopaedic Center, P.C.'s reasonable attorney fees upon placement of the claim with the law firm.

SIGNATURE OF PATIENT OR GUARANTOR OF PAYMENT: x

PLEASE NOTIFY THE STAFF OF ANY CHANGES IN YOUR ADDRESS OR INSURANCE INFORMATION