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PATIENT REGISTRATION

CASCADE® Prosthetics & Orthotics
1360 Sunset Ave, Ferndale, WA 98248, ph: 800.848.7332, fax: 855.852.8341
17670 Dunbar Rd, Mt. Vernon, WA 98273, ph: 800.428.4003, fax: 360.428.7072

PATIENT INFORMATION

To be completed by the Guarantor.*

First Name	M.I.	Last Name	Male ☐	Female ☐	Date of Birth
Home Phone		Work Phone	Cell Phone		
Mailing Address		City	State		Zip Code
Email Address					

How did you hear about us?
☐ Cascade P&O's website ☐ Phone Book ☐ Print Ad ☐ Doctor/P.T. ☐ Other _____

INSURANCE INFORMATION

Be sure to attach a copy (front and back) of the Medicaid / insurance card.

Medicaid / Primary Ins.	ID #	Insurance Phone
	Group #	
Insured's First and Last Name		Date of Birth
	Employer	
Medicaid / Secondary Ins.	ID #	Insurance Phone
	Group #	
Insured's First and Last Name		Date of Birth
	Employer	

ASSIGNMENT AND RELEASE

This form cannot be processed without a valid signature.

I understand that I am financially responsible for payment to **Cascade Prosthetics & Orthotics, Inc.,** for charges not covered by my insurance company. I authorize medical benefits to be paid directly to **Cascade Prosthetics & Orthotics, Inc.** I also authorize the therapist or insurance company to release any information required for this claim. **CO-PAYS ARE DUE AT TIME OF CASTING. DO NOT SEND ANY CO-PAY UNTIL ORDER HAS BEEN APPROVED.**

Guarantor* Signature **X**	Date
Guarantor* Name (Please Print)	Guarantor* Date of Birth

MEDICAL INFORMATION

To be completed by Practitioner or Guarantor.*

Primary Care Physician	→ PCP Diagnosis Desc. / Code(s)		
Prescribing Physician	→ PP Diagnosis Desc. / Code(s)		
Mailing Address	City	State	Zip Code
Physician's Medicaid #	Phone	Fax	

PRACTITIONER USE ONLY

Practitioner / Person Casting	Phone	Fax	
Mailing Address	City	State	Zip Code
Email			

Brace Style _____ **STANDARD** ☐ Left ☐ Right ☐ Both
_____ Softy™ ☐ Left ☐ Right ☐ Both
_____ FAST FIT™ ☐ Left ☐ Right ☐ Both

☐ Rx attached	☐ Letter of medical necessity attached	☐ Copy of Medicaid / insurance card attached

*Guarantor—the person who is financially responsible for amounts not covered by insurance.