

## OSIC PATIENT INTAKE FORM

- Please attach **POLICE REPORT & ALL MEDICAL RECORDS** pertinent to the accident.
- Patient to bring **MRI AND/OR X-RAY DISC(S)** to appointment.

Patient Name: \_\_\_\_\_ Male      Female

Patient DOB: \_\_\_\_\_

Patient Language: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Patient E-mail: \_\_\_\_\_

Law Firm Name: \_\_\_\_\_

Attorney Name: \_\_\_\_\_

Attorney E-mail: \_\_\_\_\_

Attorney Ph & Fax:      Ph: \_\_\_\_\_      Fax: \_\_\_\_\_

Assistant Name: \_\_\_\_\_

Assistant E-mail: \_\_\_\_\_

Date(s) of Loss: \_\_\_\_\_

Brief Description of Accident and Current Injuries: \_\_\_\_\_

Has patient had medical treatment related to this accident? If yes, list treatment type and location.

Medical expenditure to date: \$ \_\_\_\_\_

**COVERAGES:**

At-Fault/3P:

- Insurance Company: \_\_\_\_\_
- Limits: \_\_\_\_\_

UIM/UM:

- Insurance Company: \_\_\_\_\_
- Limits: \_\_\_\_\_

Personal Injury Policy (PIP)/MedPay: \_\_\_\_\_ Exhausted?

- Insurance Company: \_\_\_\_\_
- Limits: \_\_\_\_\_
- Claim Number: \_\_\_\_\_
- Adjustor Name & Phone: \_\_\_\_\_

**OSIC CANCELLATION AND NO-SHOW PATIENT POLICY**

OSIC patients are asked to show up at least 15 minutes prior to their scheduled appointment time. If an OSIC patient is unable to keep their scheduled appointment, they must notify our front desk manager by phone **twenty-four hours in advance** of their scheduled appointment to avoid no-show charge. If a patient arrives 15 minutes after their scheduled appointment time, they may be asked to reschedule. If a patient “no-shows”, they will be charged a \$100 fee for the first “no-show”, \$250 for the second “no-show”, \$400 for the third “no-show”, \$600 for the fourth “no-show”, \$800 for the fifth “no-show” and \$1000 per additional “no-show” appointment after that within a twelve-month period. **After a second no-show, a refundable deposit will be required for rescheduling or they may be dismissed as a patient of OSIC.**