

Genesee Orthopaedics and Sports Medicine, LLP  
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33 Chandler Ave  
Batavia, NY 14020

Dear Patient,

If you are an established patient with an appointment at our office, you may download the necessary forms instead of having them mailed to you at home. In order to help with your appointment, it is best to complete the forms and mail back to our Batavia office so that we may get your information into our computer prior to your visit. If you have had a significant change in your medical history; this is a new problem the doctor has never seen you for; or we have not seen you in the past year, please download and complete forms as if you were a new patient.

Bring your insurance card to the appointment so that we can scan it into your chart. Co-payments are required to be paid upon check-in the day of your appointment or your appointment will be rescheduled. Some insurance companies require a second co-pay when an x-ray or an injection is done.

If you are filing under Workers' Compensation or Motor Vehicle/No Fault, you must bring complete billing information to your first appointment. We will need the Insurance Carrier's name, address, phone number and fax number as well as a claim number in order to properly care for you. For your convenience, there are forms for Workers' Compensation and Motor Vehicle/No Fault that you can download, print and complete for your visit.

If you have had x-rays done, please bring them to your appointment. You must give at least 48 hour notice to the x-ray facility/hospital in order to pick up films. If you have had your films done at United Memorial Medical Center in Batavia (either location) or Pembroke - you do not need to pick up films or disks. We can access your films at the hospital in our office. Here are some of the local facility numbers for your convenience: WCCH 786-2233; LeRoy 768-4220; Advanced Imaging 345-9729; Medina Memorial 798-2000.

Thank you,  
Genesee Orthopaedics Staff

For more information regarding your concerns, we encourage you to visit the American Academy of Orthopaedic Surgeons website. Please bring any questions with you to your appointment.

[www.orthoinfo.aaos.org](http://www.orthoinfo.aaos.org)

GENESEE ORTHOPAEDICS AND SPORTS MEDICINE, LLP  
PATIENT INFORMATION UPDATE FORM

PLEASE COMPLETE ALL INFORMATION (please print):

APPOINTMENT DATE: \_\_\_\_\_

Name of Patient: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_

Mail Order Pharmacy: \_\_\_\_\_

Patient's DOB: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Family Doctor/PCP: \_\_\_\_\_

HIPAA Privacy Questions regarding appointment and medical information:

Is it okay to leave a message on your answering machine? Yes / No Not applicable

Is it okay to leave a message on your office voice mail? Yes / No Not applicable

Is it okay to leave a message with another person? Yes / No Not applicable

Is it okay to send you mail? Yes / No

Is it okay to call your cell phone? Yes / No Not applicable

Tell us who it is okay to speak with in regards to your medical care:

\_\_\_\_\_

In case of an emergency, who should we contact (include name and phone #):

\_\_\_\_\_

INSURANCE INFORMATION:

Are you filing under Workers' Compensation? Yes / No

Are you filing under Motor Vehicle/NoFault? Yes / No

Name of Health Insurance Company \_\_\_\_\_

Do you have a secondary insurance plan? Yes/No

Name of Secondary Insurance company \_\_\_\_\_

Do you have a prescription insurance plan? Yes/No

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_