

Bay Oaks Orthopaedics & Sports Medicine, P.A.
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Anthony S. Melillo, MD
Board Certified Orthopaedic Surgeon



Patient Information Sheet

Patient Name _____
Last First M.I.

Address: _____
Street Apt No City/State Zip

Birth Date: _____ Marital Status: (M/S/D/W) _____ Sex: (M/F) _____

Home Telephone#: _____ Cell #: _____

Employer: _____ Work #: _____

Occupation: _____ Social Security#: _____

Insurance Information:

Name Insurance is filed under: _____

Relationship to Patient: _____ Birth Date: _____

Social Security#: _____

Insurance Company: _____ Policy Type: PPO HMO POS MC

ID # _____ Group#: _____

Do you have secondary insurance: _____ If yes, name of Ins. Co. _____

Primary Physician: _____ Phone #: _____

Emergency Contact: _____ Phone#: _____

Referred by: _____

This notice is to inform you, the patient or patient's representative, of the intent to disclose protected health information to carry out treatment, payment and other health care operations. Please refer to our **Notice of Privacy Practices** for a detailed description of such uses and disclosures. You have the right to review the notice before any further action is taken.

If you do not wish to disclose your information for this purpose, payment will be expected in full at the time services are rendered. By signing below you hereby assign all insurance benefits to Bay Oaks Orthopaedics & Sports Medicine, P.A., Anthony S. Melillo, M.D. You are responsible for any amount not covered by your insurance and agree to pay in full unless prior arrangements have been made with the office. You also give permission to allow Bay Oaks Orthopaedics & Sports Medicine, PA, Dr. Anthony S. Melillo, M.D. to release medical information to your primary care physician.

Patient's Signature

Date