

Amputee Clinic

SIGN-UP FORM

Jovana Rehabilitation Medicine & Pain
Phone: 210-474-6788 • Fax: 210-571-1724

Hill Country Orthotics & Prosthetics
Phone: 210-614-8777 • Fax: 210-694-4581

1) Patient Information

| | | | | | | | | |
|------------------------------|--|--|------|-------------|----------------|----------------------------|----------------|--|
| Name | | | | DOB | Phone Number 1 | | Phone Number 2 | |
| Address Line 1 | | | City | State | ZIP | Sex | | |
| Primary Insurance Provider | | | | Member ID # | | Relationship to Subscriber | | |
| Secondary Insurance Provider | | | | Member ID # | | Relationship to Subscriber | | |

2) Appointment Request

• **Select the services** you would like to receive.

• **Choose a date** for your appointment.

• **Choose how you would like to be contacted.**

Phone call

Text message

Email

These forms are DUE BY 1st .
or your appointment will be scheduled for the following month.

3) Referral for Office Visits (PM&R)

FAX TO 210-571-1724

| | | | | | | | | | |
|---|--|-----------|---------------|---------|-----|----------------|------|----------------|-----|
| Name | | | | DOB | Sex | Phone Number 1 | | Phone Number 2 | |
| Primary Insurance | | Member ID | Relationship | Address | | | City | State | ZIP |
| Referral to <u>Jovana Rehabilitation Medicine & Pain</u> for: 99204: New patient office or other outpatient visit. 99214: Established patient office visit. | | | | | | | | | |
| Provider Signature | | | Provider Name | | | Credentials | NPI | Date | |

4) Referral for Prosthetic Evaluation

FAX TO 210-694-4581

| | | | | | | | | | |
|--|--|-----------|---------------|---------|-----|----------------|------|----------------|-----|
| Name | | | | DOB | Sex | Phone Number 1 | | Phone Number 2 | |
| Primary Insurance | | Member ID | Relationship | Address | | | City | State | ZIP |
| Referral to <u>Hill Country Orthotics & Prosthetics</u> for prosthetic evaluation. | | | | | | | | | |
| Provider Signature | | | Provider Name | | | Credentials | NPI | Date | |