

Park City:  
2200 Park Ave. Bldg D. Suite 100  
Park City, Ut 84060

Old Mill Medical Center:  
6360 So. 3000 East, Suite 210  
Salt Lake City, UT 84121



# HEIDEN ORTHOPEDICS

Eric Heiden, MD  
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## Patient Demographics

Legal First Name	Legal Last Name	Middle Initial	Birth Date	
Billing Address	Apt. #	City	State	Zip
Sex: M / F				
Main Phone # type (Circle One): Cell Home Work	Additional Phone # type: Cell Home Work	Gender (Circle One)		
S / M / W / D / DP				
Marital Status (Circle One)	Social Security #	Email address		
Employer	Race/Ethnicity	<input type="checkbox"/> Decline to report		
Do you have a primary care physician? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?				
How did you hear about us? Friend <input type="checkbox"/> Internet <input type="checkbox"/> Other <input type="checkbox"/> Referring Physician <input type="checkbox"/>				

## Emergency Contact Information

Contact Name	Contact Phone #	Relationship to Patient		
Contact Address	Apt. #	City	State	Zip

## Responsible Party (if under 18 years of age)

Responsible Party's Legal Name	Birth Date	Relationship to Patient		
Responsible Party's Address	City	State	Zip	Phone #

## Insurance Information

Primary Insurance Company	Policy #	Group# (If applicable)	Effective date
Policy Holder's Name (If not self)	Policy Holder's Birth Date	Relationship to Patient	
Secondary Insurance Company	Policy #	Group#	Effective date
Secondary Insurance Policy Holder's Name	Policy Holder's Birth Date	Relationship to Patient	
Adjuster Name (If workers compensation claim)	Adjuster Phone #	Adjuster Fax	

By signing below I agree to the following:

- Provide correct and or updated insurance information. Heiden Orthopedics will bill my insurance, my insurance company will directly pay Heiden Orthopedics.
- To pay the allowable balance of medical bills after my insurance company has paid.
- To pay interest on all past-due amounts (>60 days) (at the rate of 18% per annum or 1.5% per month until paid in full).
- To allow Heiden Orthopedics to refer my unpaid account balance to a collection agency and to pay the collection fee up to 33% of the principal amount (as allowed by Utah Code Annotated, sec. 12-1-11) in addition to the principal amount.
- The terms of this paragraph shall apply to all amounts incurred by me or by any individual for whom I have legal responsibility.

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