



STEADMAN CLINIC REGISTRATION

STEADMAN CLINIC
Keeping People Active

PATIENT INFORMATION

Today's Date _____

Patient Name _____
Last First (Legal) Initial Nickname

Date of Birth _____ Age _____ SS# _____ Male Female

Home phone _____ Work _____ Fax _____

Cell Phone _____ e-mail Address _____

Permanent Mailing Address _____

City _____ State _____ Zip _____

Local Address _____ Phone _____

City _____ State _____ Zip _____

Patient's Employer _____ Address _____

City _____ State _____ Zip _____

Occupation _____ Retired? Y N

Marital Status S M W D Spouse's Full Name _____

Spouse's Employer _____ Business Phone _____

Relative to contact in case of an emergency _____

(A relative not living with you)

Relationship _____ Phone _____

Primary Physician _____ Phone _____

Address _____ City _____ State _____ Zip _____

How were you referred to us? _____

Injury Information:

Date of injury _____ Work related: No Yes Auto Accident: No Yes

What is injured _____

Describe injury _____

INSURANCE INFORMATION

PRIMARY INSURANCE COMPANY:

Carrier _____
Address _____ City _____
State _____ Zip code _____ Phone _____
Policy ID Number _____ Group _____
Name of the Policy Holder _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Date of Birth _____ Social Security number _____ Sex M F
Employer _____ Occupation _____

SECONDARY INSURANCE COMPANY:

Carrier _____
Address _____ City _____
State _____ Zip code _____ Phone _____
Policy ID Number _____ Group _____
Name of the Policy Holder _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Date of Birth _____ Social Security # _____ Sex M F
Employer _____ Occupation _____

WORKMAN'S COMPENSATION INSURANCE:

Carrier _____
Address _____ City _____
State _____ Zip code _____ Phone _____
Claim Number _____ Case Worker's Name _____
Case Worker's Phone Number _____ Fax _____
Employer at time of injury _____
Address _____

ASSIGNMENT OF BENEFITS:

Your signature is necessary for us to process any insurance claims and to ensure payment of services rendered. I authorize release of all medical information necessary to process my insurance claims or that is pertinent to my medical care. I assign all medical and/or surgical benefits, including major medical benefits to which I am entitled to the above named physician or clinic. This agreement will remain in effect until revoked by me in writing. A photocopy of the assignment is to be considered as valid as the original.
I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES. I HAVE READ THIS INFORMATION AND UNDERSTAND IT.

Patient _____ Date _____
Responsible Party _____ Date _____

Steadman Clinic, Professional LLC

STATEMENT OF FINANCIAL LIABILITY

I understand that I am responsible for the payment of this account, and hereby assume and guarantee prompt payment of all expenses incurred. I understand that I am responsible for payment of office charges at the time of the visit. I understand that unless otherwise indicated below, I hereby request and authorize Steadman Clinic to bill insurance policies written in the United States, and insurance companies based in the United States, for surgical and other charges for services provided to me, and I authorize payment to the Steadman Clinic for all such services. I further understand and agree that I will be required to provide a down payment prior to receiving the services based on my estimated financial responsibility. I also understand that Steadman Clinic physicians are investors in the Vail Valley Surgery Center.

NOTICE OF LIABILITY FOR "NON-COVERED" SERVICES

I understand that my insurance carrier or Medicare may deny payment or consider some or all services performed by Steadman Clinic, such as assistant surgeons, and supplies, to be "non-covered," and I am fully responsible for payment of all such non-covered services.

WAIVER OF "USUAL, CUSTOMARY AND REASONABLE" CLAUSES

For patients with "UCR" coverage I acknowledge that the fees charged by Steadman Clinic for services rendered to me, or to the person for whom I assume financial responsibility, may exceed the fees considered "usual, customary and reasonable," due to specialized services and staff. However, I agree to pay all fees in full, even if the amount is greater than the amount paid by my insurance company.

CHANGES TO BILL TO/ PAYMENT INSTRUCTIONS

By checking the box to the left, I hereby direct that Steadman Clinic SHALL NOT bill my insurance company for services provided to me, and instead I agree to pay all fees for services furnished to me by Steadman Clinic.

PERMISSION TO RELEASE MEDICAL INFORMATION

I authorize Steadman Clinic to release information from my medical record, or from the medical record of the person for whom I am legally responsible, to my/their insurance company, other third-party payers or their reviewing agencies, as reasonably necessary to expedite claim processing. This authorization is valid for every visit to Steadman Clinic or its affiliates until written notice revoking it is provided. I release Steadman Clinic of all responsibility or liability for loss of confidentially through access and/or copies of records released, or other information disclosed in compliance with this authorization.

I have read all of the above and understand/agree to all provisions there in regarding responsibility for payments and release of information.

Patient's Name: _____

Patient or Legal Guardian's Signature: _____ Date: _____

If Legal Guardian, Relationship to Patient: _____

Accommodations/Transportation

In preparing for your stay in Vail, the following are phone numbers for some local hotels and condominiums in the Vail/Beaver Creek area that offer discounts to our patients.

Comfort Inn (Avon, CO)	800-545-8422	970-949-5511	www.comfortinn.com
Evergreen Lodge at Vail	800-284-8245	970-476-7810	www.evergreenvail.com
Holiday Inn Apex Vail	866-317-2739	970-476-2739	www.apexvail.com
Lion Square Lodge	800-525-1943	970-476-2281	www.lionsquare.com
Mountain Haus	800-237-0922	970-476-2434	www.mountainhaus.com
Simba Run Condominiums	800-746-2278	970-476-0344	www.simbarun.com
Sonnenalp Resort of Vail	866-284-4411	970-476-5656	www.sonnenalp.com
The Sitzmark Lodge	888-476-5001	970-476-5001	www.sitzmarklodge.com
The Lodge at Vail	877-528-7625	970-476-5011	www.lodgeatvail.com
Vail Cascade Resort	800-282-4183	970-476-7111	www.vailcascade.com
Vail Plaza Hotel	866-597-5963	970-477-8000	www.vailplazahotel.com

Airport Shuttle Services:

Colorado Mountain Express (CME)	800-525-6363	970-926-9800	www.ridecme.com
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Rental Cars:

Alamo- Eagle Airport	800-462-5266	970-524-2277	www.alamo.com
Avis – Eagle Airport	800-331-1212	970-524-7571	www.avis.com
Budget – Eagle Airport	800-527-0700	970-524-8260	www.budget.com
Dollar- Eagle Airport	800-800-4000	970-524-9429	www.dollar.com
Hertz- Eagle Airport	800-654-3131	970-524-7177	www.hertz.com
National – Eagle Airport	800-227-7368	970-524-2277	www.nationalcar.com

Taxis, Limousines:

Black Diamond	970-261-6509		www.blackdiamondcars.com
Eco Limo of Vail	970-331-3135		www.ecolimoofvail.com
Hummers of Vail	970-977-0028		www.hummersofvail.com
Powderhound Transport	970-455-4315		www.ridethepowder.com
RJ Limo of Vail	800-887-9643		www.limovail.com
Vail Coach	877-554-7433	970-477-0001	www.vailcoach.com
Vail Local Limo	970-343-0500		www.vaillocallimo.com
Vail Valley Taxi	970-476-8294		

Buses:

Town of Vail Bus Schedules	970-479-2178	www.vailgov.com
Eagle County Bus Schedules	970-328-3520	www.eaglecounty.us

Directions

Steadman-Hawkins Clinic
181 West Meadow Drive, Suite 400
Vail, Colorado 81657
970-476-1100

FROM DENVER (EAST) TO VAIL (WEST)

Exit the Denver International Airport and take Pena Boulevard to Interstate 70 heading west. Go approximately one hundred and twenty miles (120) to Vail, Exit 176. Follow the roundabout half way around and exit in the direction of Vail Village. Enter the second roundabout and exit in the direction of Vail Road. Go to the stop sign and turn right onto West Meadow Drive. Go ¼ mile and turn right at the Vail Valley Medical Center. Enter through the main entrance and take the main elevators to the third floor. The Steadman-Hawkins Clinic is located on the third floor of the hospital.

FROM EAGLE (WEST) TO VAIL (EAST)

Exit Eagle County Airport and turn left (east) on Highway 6. Follow the signs to Interstate 70 East. Take Interstate 70 East approximately 30 miles to Vail, Exit 176. Exit the roundabout in the direction of Vail road. Go to the stop sign and turn right on West Meadow Drive. Go ¼ mile and turn right at the Vail Valley Medical Center. Enter through the main entrance and take the main elevators to the third floor. The Steadman Hawkins Clinic is located on the third floor of the hospital.

