

# Tierney Orthotics and Prosthetics

1409 Yanceyville Street, Suite B | Greensboro, NC 27405 | (336) 537-3901 | Fax (336) 900-0415

## Patient Registration

Patient's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First M.I.

Street Address \_\_\_\_\_ ☐ Male  
☐ Female

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Responsible Party ☐ Same as above / Patient ☐ Parent/Guardian ☐ Spouse ☐ Other \_\_\_\_\_

If not Patient- Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Please provide all insurance cards to the front desk. We will make copies and return cards to you before you leave.

Is this injury/illness work related? ☐ Yes ☐ No If yes, Date of injury or onset of illness: \_\_\_\_\_

Workers Compensation Claim No. \_\_\_\_\_ Claim Adjuster \_\_\_\_\_

Referring Doctor:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Primary Care Doctor (if different from referring):

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Do you have diabetes? ☐ Yes ☐ No If Yes, which doctor is treating you for diabetes?

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

*I acknowledge, to the best of my ability, that the above information is up to date and accurate.*

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

# **TIERNEY ORTHOTICS AND PROSTHETICS INC.**

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Greensboro, NC 27405  
Phone: (336) 537-3901 Fax: (336) 900-0415**

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## **NOTICE OF PRIVACY PRACTICES**

This Notice of Privacy Practices is effective on March 27, 2025

Tierney Orthotics and Prosthetics Inc. has a legal duty to protect the personal and medical health information. To improve the efficiency and effectiveness of the health care system, the Health Insurance Portability and Accountability Act (HIPAA) of 1996 included a series of administrative provisions that required the United States Department of Health and Human Resources (HHS) to adapt national standards for electronic health care transactions and the use of release of identifiable health information. Tierney Orthotics and Prosthetics, Inc. follows these national standards in processing claims and filing electronic claims with the patient's insurance company and the use and release of protected health information.

Tierney Orthotics and Prosthetics, Inc. assures HIPAA security and privacy standards in order to protect the patient's personal health information. The medical records and health information are confidential and restricts most disclosure of information to the minimum needed for the intended purpose and establishes safeguards for disclosure of records for certain responsibilities, such as public health, research, and law enforcement.

We may disclose protected health information about you in the following circumstances:

- To provide health care treatment to you, including in the form of obtaining medical records pertaining to you.
- To obtain payment for services.
- For health care operations.

We may contact you (or call your contact numbers) to leave a message for you. Other ways we will reach out is by text or E-mail) to provide appointment reminders, information about treatment, services, products, or health care providers.

You have the right to:

- Request restrictions on uses and disclosure of protected health information about you.
- To request different ways to communicate with you.
- To see and copy protected health information about you.
- To request amendment of protected health information about you.
- To a listing of disclosures, we have made.
- To a copy of this Notice.

You may file a complaint about our privacy practices in writing to the following:

Geof Tibbs, CO, CPA  
1345 Westgate Center Drive, Suite B  
Winston-Salem, NC 27103

Thank you,

Geof Tibbs  
Privacy Administrator

By signing below, I acknowledge to reading and comprehending the statements made above. I also agree to allow Tierney O and P, inc to access relevant medical records from my referring physician, primary care physician, and/or all health care professionals within my healthcare management team for as long as I remain a patient at Tierney O and P, inc. This includes records retrieved via fax, mail, and electronic medical record.

I understand that I may notify Tierney in writing or via email in order to end this privilege at any time.

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



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## Acknowledgement of Financial Responsibility and Company Policies

Since complete verification of my Durable Medical Equipment Prosthetic Orthotic Supplies (DMEPOS) coverage cannot be made at this time, I agree to pay for all services I receive from the providers of this practice should my insurance company refuse to pay for my care.

Should my insurance carrier refuse payment (e.g. non-covered services, no benefits for billed service, etc), I will pay for all services rendered upon receiving a written and/or verbal notice of the denial of my claim. Failure to pay within 90 days of our initial filing is, for the purpose of this agreement, a refusal to pay.

I further agree and understand that this office only can code and file a claim for my devices with the **diagnosis** that was **provided** and **documented in medical records by your referring physician**. Thus, to ask this office to request a diagnosis change from your referring physician solely for the purpose of securing reimbursement from an insurance carrier is inappropriate and fraudulent.

In the event that I do not pay for these, or any, services provided to me when due, I agree to pay all costs associated with collection, including reasonable attorney's fees as part of the collection process.

### **WARRANTIES:**

**-Off The Shelf (OTS)-** Our office offers a 90-day warranty on all items that may experience normal wear and tear. For any warranty beyond the 90 days, please contact the manufacturer directly.

**-Custom-** Our office provides a 90-day warranty on all items fabricated in-house. The warranty for custom items manufactured outside of our facility may be subject to different policies.

### **RETURNS:**

**-Off The Shelf (OTS)-** Our office accepts returns on unworn or unused items within 30 days of your Final Fitting/Delivery Appointment.

**-Custom-** Items cannot be canceled once the order is placed. If an item does not fit, please refer to our exchange policy.

### **EXCHANGES/ADJUSTMENTS:**

**-Off The Shelf (OTS)-** Our office will exchange unworn or unused items within 30 days of your Final Fitting, Delivery, or Adjustment Appointment.

**-Custom-** Items cannot be exchanged once ordered or fabricated, but adjustments can be made to meet the patient's required needs OR if the wrong item was sent to our facility.

### **REFUNDS:**

- Any insurance-related refunds due to overpayment at the time of service will be processed 30-45 days after the insurance has paid their portion of the claim.

- Cash refunds under \$100 will be returned via the original payment method.

- Cash refunds over \$100 will be refunded by check.

- Please note that all payments made for custom devices are non-refundable.

### **ADDITIONAL FEES:**

OTS items that are canceled after supplies are ordered will incur a \$50 restocking fee plus return shipping costs. Some OTS items cannot be returned, and the full cost will be due if the order is canceled after it has been placed.

**ORDERING:** To initiate an order for a custom item or off-the-shelf (OTS) product, we require all patients to provide a 50% down payment towards their financial responsibility. Once the payment is collected, we will release the order to our inventory specialist.

By my signature, I certify that I have read the above statement and fully understand my financial responsibility for all services provided to me by Tierney Orthotics and Prosthetics for as long as I remain a patient, regardless of any changes to my insurance coverage.

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Patient Name (or responsible party if minor)

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Date

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Patient Signature (or responsible party if minor)

June 2025 Revision