PATIENT INFORMATION

NAME_______________________________________DATE OF BIRTH_____________

ADDRESS___________________________CITY__________________STATE_______ZIP________

HOME PHONE_______________________________SOCIAL SECURITY#__________________

OCCUPATION________________________________EMPLOYER_________________________

WORK ADDRESS_______________________CITY__________________STATE_______ZIP_______

WORK PHONE___________________________ E-MAIL ADDRESS________________________

CELL PHONE #______________________ REFERING MD________________________________

PCP_________________________________HOW DID YOU HEAR ABOUT US?______________

Please initial if you prefer to receive your Statement via email instead of Postal Mail. Please note that emailing however is not HIPPA regulated or secure. INITIAL HERE: ________

EMERGENCY DATA

IN CASE OF EMERGENCY CONTACT:

NAME_______________________________________ PHONE NUMBER________________________

ADDRESS______________________ CITY_____________________STATE______ ZIP_____________

RELATIONSHIP____

INSURANCE DATA

NAME OF INSURANCE COMPANY____

POLICY NUMBER_______________________SUBSCRIBERS NAME__________________________

WAS INJURY DUE TO AN AUTO OR WORKERS COMP ACCIDENT?
IF YES, PLEASE FURNISH THE FOLLOWING.

DATE OF INJURY______________________ FILE CLAIM NUMBER___________________________

INSURANCE COMPANY____

ADDRESS TO SEND BILLS_______________________CITY______________STATE_____ZIP______

CLAIMS ADJUSTERS NAME_______________________PHONE NUMBER______________________

PRE-CERT CO.___________________________________PHONE NUMBER_____________________

I HEREBY AUTHORIZE PAYMENT TO BE MADE DIRECTLY TO DOWNTOWN PHYSICAL THERAPY, FOR SERVICES RENDERED.

I HEREBY AUTHORIZE DOWNTOWN PHYSICAL THERAPY TO RELEASE (OR OBTAIN) INFORMATION REGARDING MY PHYSICAL THERAPY EVALUATION AND TREATMENT AND RELATING BILLING INFORMATION TO (FROM) MY ATTORNEY, OR INSURANCE CARRIER FOR PURPOSES OF PROCESSING THIS CLAIM.

SIGNATURE____DATE___________________________

Downtown PT And Rehab
(617) 523-2766