

PATIENT INFORMATION: _____
Today's Date

FIRST APPOINTMENT:

(For Office Use Only)

First Name _____ Middle Initial _____ Last Name _____

Date of Birth: ____/____/____ Age: ____ Social Security Number: ____-____-____ Sex: M F

Home Street Address _____

City _____ State _____ Zip Code + 4 _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ Email Intake Form? Y N

Referring Physician _____ Area of Treatment _____ Received PT this year? Y N If Yes, how many visits ____ Where? _____

AUTO / WORK COMP: Date of Injury: ____/____/____ Claim # _____ Adjuster / Case Manager _____ Phone _____ Claim Open: Y N

_____/_____/_____
Appointment Date

Appointment Time _____ am pm

Physical Therapist

Location

PRIMARY INSURANCE: _____
Insurance Phone

SECONDARY INSURANCE: _____
Insurance Phone

Insurance Company _____

Insurance Company _____

ID# _____ Group ID# _____

ID# _____ Group ID# _____

Name of Policy Holder _____ Date of Birth: ____/____/____

Name of Policy Holder _____ Date of Birth: ____/____/____

Relationship _____ Social Security Number _____

Relationship _____ Social Security Number _____

FOR OFFICE USE ONLY

VERIFICATION: PRIMARY INSURANCE

VERIFICATION: SECONDARY INSURANCE

IN OUT ____/____/____
Date of Verification Spoke to

IN OUT ____/____/____
Date of Verification Spoke to

Reference # _____ Effective Date: ____/____/____ Cal _____ Benefit Period _____

Reference # _____ Effective Date: ____/____/____ Cal _____ Benefit Period _____

CoPay: _____

Referral: Y N Pre-Auth: Y N

CoPay: _____

Referral: Y N Pre-Auth: Y N

CoIns %: _____

If Yes, when? _____

CoIns %: _____

If Yes, when? _____

DED: _____

Fax to: _____

DED: _____

Fax to: _____

DED Met: _____

Phone to: _____

DED Met: _____

Phone to: _____

OOPM: _____

Policy Limits: _____

OOPM: _____

Policy Limits: _____

OOPM Met: _____

OOPM Met: _____

CoPay: _____

CoIns %: _____

DED: _____

DED Met: _____

OOPM: _____

OOPM Met: _____

CoPay: _____

CoIns %: _____

DED: _____

DED Met: _____

OOPM: _____

OOPM Met: _____