

PULLMAN SPORTS PHYSICAL THERAPY, INC.

PATIENT INFORMATION

Please Provide your PHOTO ID to the Receptionist

First Name _____ MI _____ Local Address _____
 Last Name _____ City _____ St. _____ Zip _____
 Sex: M F DOB: ____/____/____ Permanent Address: _____
 Social Security No. _____ City: _____ St _____ Zip _____
 Marital Status: Single Married Divorced E-Mail _____
 Widow Domestic Partner Home Phone: _____ Work: _____
 (Check One) Employed Retired FT/PT Student Cell: _____ Best # to reach you? _____
 Spouse Name: _____ Employer: _____
 Occupation: _____

GUARANTOR/ RESPONSIBLE PARTY: Same as patient Yes or No

Name: _____ Phone: _____
 Street: _____ City _____ State _____ Zip _____
 Phone: _____ Email: _____

IN CASE OF EMERGENCY PLEASE CONTACT:

Contact Name: _____ Relationship _____ Phone Number _____

INJURY AREA _____
REFERRING PHYSICIAN _____
PRIMARY CARE PHYSICIAN _____

ACCIDENT: YES NO **TYPE OF ACCIDENT:** INDUSTRIAL AUTO SPORTS OTHER _____
 DATE OF INJURY _____ PLEASE EXPLAIN _____
 PLACE OF INJURY: HOME OTHER _____

MEDICAL INSURANCE INFORMATION

Please provide a copy of your insurance card to the receptionist.

Primary Insurance Company _____
 ID/Claim # _____ Group # _____
 Policy Holder/Subscriber Name _____ **Subscriber** Date of Birth _____
 Adjuster Name _____ Insurance/Adjuster Phone # _____
Secondary Insurance Company _____
 ID/Claim # _____ Group # _____
 Policy Holder/Subscriber Name _____ **Subscriber** Date of Birth _____
 Adjuster Name _____ Insurance/Adjuster Phone # _____

NO INSURANCE: Payment Agreement: Pay at time of service

Please continue on back side

PULLMAN SPORTS PHYSICAL THERAPY, INC.

1. AUTHORIZATION/CONSENT TO TREATMENT:

_____ I, the undersigned, hereby give my consent to treatment as deemed necessary by my physician and/or my physical therapist at Pullman Sports Physical Therapy.

2. AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

_____ I authorize Pullman Sports Physical Therapy to release all pertinent medical information and/or medical records requested by my medical insurance company (s) necessary to process my insurance claims.

_____ I hereby give Pullman Sports Physical Therapy consent to release medical records to my primary and/or referring physician.

3. FINANCIAL POLICY:

_____ I hereby authorize PSPT to bill me directly for any copays, coinsurance and deductibles due as stated in my insurance agreement. Copays are due at the time of service. If we bill you for any unpaid copays, there is an additional \$2.00 processing Fee.

_____ PSPT will bill your Primary and Secondary insurance. Once we have received an explanation of benefits from your insurance company, we will then send you a statement. Payment is due upon receipt of your statement. Please contact the billing office if you need payment arrangements. There will be a 1.5% late charge per month on 120 day past due balances. There will be a 50% collection fee on any account turned to collections.

_____ There is a \$30.00 fee for all returned/NSF checks.

_____ PSPT has a cancellation and No Show policy. 24 Hrs. cancellation notice is required on all scheduled appts. For any late cancellation or missed appointment (No Show) there will be a \$25.00 fee assessed in which the patient will be responsible.

4. PRIVACY POLICY

_____ I hereby allow Pullman Sports PT to use my E-Mail address or mailing address to send me email notices and /or newsletters as it pertains to physical therapy and fitness. Patient information is confidential and Pullman Sports PT will not give out patient information to any outside entity. **Please see Privacy Policies.**

5. AUTHORIZATION AND RESPONSIBILITY REGARDING MEDICAL INSURANCE

_____ I have completed this form fully and completely. I certify that I am the patient or duly authorized agent of the patient. I hereby authorize payment of medical benefits from my insurance to be paid directly to Pullman Sports Physical Therapy, Inc. **I also understand that it is my financial responsibility to Pullman Sports PT for any charges not covered by this authorization.**

Patient Signature (If under 18 yrs - Legal Guardian)

Date

How did you hear about us? _____