

HAILEY SPORT & SPINE PT, PA

Date: _____
Patient's Last Name _____ First _____ Middle _____
P.O. Box/ Billing Address _____
City _____ State _____ Zip _____

Telephone Numbers (Please mark preferred number):

Home _____ Work _____ Cell _____ Email _____

Relationship to Guarantor of the account: Self _____ Spouse _____ Child _____ Other _____

Birthdate of Patient: _____ Sex: _____ Status: Single _____ Married _____ Other _____

Patient's Social Security #: _____ Who referred you: _____

Name of Employer _____ City/State _____

Who may we contact in case of emergency? _____ Phone: _____

INSURANCE INFORMATION:

Date of injury or symptoms started: _____

If this is an accident, have you called your insurance company and reported the accident? Yes ___ No ___

If related to work, have you reported accident and filled out workman comp papers? Yes ___ No ___

Primary Insurance Company: _____ Phone #: _____

Address of Insurance Company: _____

Place of Employment: _____ Subscriber Name: _____

Policy Number: _____ Group # _____ Subscriber Birthdate: _____

Secondary Insurance Company: _____ Phone#: _____

Address of Insurance Company: _____

Place of Employment: _____ Subscriber Name: _____

Policy Number: _____ Group # _____ Subscriber Birthdate: _____

I hereby authorize my physical therapist to furnish the insurance company all information that the said insurance company may request from time to time. It is understood that any money received from the above named insurance company over and above my indebtedness will be refunded to me or in the proper case, to my employer or other provider of insurance, when my bill is paid in full. **I understand I am financially responsible to my physical therapist for charges not covered by my insurance company.** I further authorize my physical therapist to make photocopies of this authorization and assignment, in order for them to attach a copy to any insurance form and be able to retain the original copy in their files and authorize the insurance company to accept the photocopy. I release my physical therapist from all legal responsibility or liability that may arise from this authorization. This authorization shall continue and be in force and effect until revoked in writing by me.

RESPONSIBLE PARTY'S SIGNATURE

DATE

PRIVACY STATEMENT: I ACKNOWLEDGE THAT I HAVE RECEIVED AND UNDERSTOOD THE NOTICE OF PRIVACY PRACTICES OF HAILEY SPORT & SPINE PHYSICAL THERAPY. SIGN: _____