Patient Registration

DATE:

NAME		HOME PHONE
ADDRESS		CELL PHONE
DATE OF BIRTH	GENDER M / F	WORK PHONE
INJURY DESCRIPTION		
SOCIAL SECURITY # (IF WORKER'S COMP) _______-______-________	EMAIL	
EMERGENCY CONTACT	RELATIONSHIP	PHONE (C / W / H)
REFERRING MD	RECOMMENDED BY: ☐ Family ☐ Friend ☐ Other NAME	

If you had an accident, please fill out this section:

Please circle: WORKERS COMP AUTO INJURY SCHOOL INJURY		DATE OF ACCIDENT/INJURY:	
STATE ACCIDENT OCCURRED	MED PAY COV Y / N	MED PAY EXHAUSTED Y / N	SCHOOL INS Y / N
EMPLOYER / SCHOOL AT TIME OF INJURY			
EMPLOYER / SCHOOL ADDRESS			
ATTORNEY NAME			
ATTORNEY ADDRESS AND PHONE			

Insurance Information- Please give your insurance cards to the patient services coordinator for copying.

PRIMARY INSURANCE	ID/CLAIM #	GROUP/POLICY #
INSURED'S NAME	RELATIONSHIP TO PATIENT	DATE OF BIRTH
SECONDARY INSURANCE	ID/CLAIM #	GROUP/POLICY #
INSURED'S NAME	RELATIONSHIP TO PATIENT	DATE OF BIRTH

I HAVE VERIFIED THE ABOVE INFORMATION TO BE TRUE AND COMPLETE. I RECEIVED AND REVIEWED THE WELCOME LETTER.

PATIENT/GUARDIAN SIGNATURE:____ DATE: ___________________

FOR OFFICE USE ONLY

Primary Insurance Verification TYPE OF PLAN:

Effective Date	Date Verified	By	Spoke To
Deductible $/ Amt of Deduct Met $		Out of Pocket $ / Amt of OOP Met $ / Coins % / Copay $	
Max visits allowed		Visits Used / Max Amt Allowed $ / Amt already used	
Auth Required? / Referral Req? / Ins Phone / Reference #			
Ins Billing Address/Comments			

Secondary Insurance Verification TYPE OF PLAN:

Effective Date	Date Verified	By	Spoke To
Deductible $/ Amt of Deduct Met $		Out of Pocket $ / Amt of OOP Met $ / Coins % / Copay $	
Max visits allowed		Visits Used / Max Amt Allowed $ / Amt already used	
Auth Required? / Referral Req? / Ins Phone / Reference #			
Ins Billing Address/Comments			

WC or Auto

Adjuster Name / Phone / Fax	Nurse Case Mgr Name / Phone / Fax
# Visits Authorized /Auth Date / Auth End Date / Auth #	Maximum Med Pay Coverage $ / Amt of Med Pay Met $ / Reference #
Comments/Billing Address	

Date/Time of Appt Treating Therapist Interviewer Entered By