



PATIENT INFORMATION

REFERRED BY _____ Next Doctor Appt _____
 Name _____ Birthdate _____ Age _____ SS# _____
 Address _____
 Street City State Zip
 Home Phone _____ Cell Phone _____ Email _____
 I would like to receive appointment notification by: E-Mail or Cell Phone Please list cell phone carrier _____
 Occupation _____ Marital Status: __Single__ __Married__ __Divorced__ __Widowed__ __Other__
 Emergency Contact _____ Phone # _____ Relationship _____

MEDICAL INSURANCE INFORMATION

Primary Insurance Company _____ Policy ID# _____
 Primary Insured _____ Relationship to patient _____
 (if other than patient)
 Primary Insured SS # _____ Primary Insured Birthdate _____
Secondary Insurance _____ Policy ID # _____
 (if applicable)
 Secondary Insured _____ Relationship to patient _____
 Secondary Insured SS # _____ Secondary Insured Birthdate _____

WORKERS COMPENSATION INSURANCE

Workers Compensation _____ Date of Injury _____ Claim # _____
 Claims Adjuster _____ Phone # _____ Fax # _____

ATTORNEY GUARANTEEING PATIENT PHYSICAL THERAPY CHARGES

Name of Attorney _____ Contact _____ Phone # _____
 Address _____
 Street City State Zip

Note: An Agreement Guaranteeing Patient's Physical Therapy Charges must be signed by the attorney before therapy can begin.

I acknowledge that the above information is true and correct. I hereby authorize treatment and understand the possible benefits and risks of my treatment. I irrevocably assign all benefits to Babin Physical Therapy. I authorize release of any medical records to my doctor, insurance company, attorney, claims adjuster and my employer. I also authorize release of any physician or medical facility to release information relevant to Babin Physical therapy. I understand and agree that (regardless of my insurance status) I am ultimately responsible for the balance of my account for any professional services. I further understand and agree to pay for all fees incurred should this bill be turned over to an agency or attorney for collection.

Signature _____ **Date** _____