

**Back in Motion Physical Therapy P.L.C.
Patient Registration and Authorization Form**

Date: _____ **Diagnosis** _____ **Date of Birth** _____
Patient's Name _____ **Social Security #** _____
Home Address _____
City /State _____ **ZipCode** _____
Phone #'s: Home _____ **Work** _____
Cell _____ **Email:Address** _____
Would you prefer appointment reminders by email or phone? _____
Employer _____ **Occupation** _____

Who can we thank for sending you to Back in Motion PT? _____ **M.D.**
_____ **Friend** _____ **Insurance Co.** _____ **Yellow Pages** _____ **Other**

Referring Physician _____ **Phone #** _____
Primary Care Physician _____ **Phone #** _____

Primary Insurance Company _____
Policy Holder _____ **Relationship:** _____
Policy Holder Date of Birth: _____ **Social Security #** _____ **Policy Holder's**
Employer _____

Secondary Insurance Company _____
Policy Holder _____ **Relationship** _____ **Birth Date** _____

Workman's Compensation Claim # _____ **Injury Date:** _____
Adjuster: _____ **Phone #** _____

Auto Accident Claim # _____ **Injury Date:** _____
Adjuster: _____ **Phone #** _____

Emergency Contact _____
Phone # _____ **Relationship** _____

The undersigned hereby authorizes the release of any information requested by the insurance co. designated above and authorizes payment by such insurance company of medical benefits to Back in Motion Physical Therapy P.L.C. for services rendered. This does not apply if the patient has paid Back in Motion Physical Therapy directly. The undersigned agrees to be ultimately responsible for payment of all charges for services rendered by Back in Motion Physical Therapy P.L.C. whether or not such services are covered by insurance benefits. HMO/PPO plan participants are fully responsible for their designated copay/coinsurance. The undersigned agrees to reimburse Back I Motion Physical Therapy P.L.C. for any expenses, including reasonable attorney fees, incurred in connection with the collection of sums due for services performed hereunder.

Signature: _____ **Date:** _____