

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

Date: _____ Diagnosis: _____ Date of Birth: _____
Patient's Name: _____ Social Security #: _____

Male Female Married Single

Home Address: _____

City /State: _____ ZipCode: _____

Phone #'s: Home: _____ Work: _____

Cell: _____ Email:Address: _____

Which phone number should we use for appointment reminders? _____

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's Date of Birth: _____ Social Security # _____

Policy Holder's Employer: _____

Secondary Insurance Company: _____

Policy Holder: _____ Relationship: _____

Policy Holder's Date of Birth: _____

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: _____