FREEMOTION PHYSICAL THERAPY

Patient Registration

Please Fill-Out Entire Form Completely & Legibly

1. Patient Info

Last Name _____ First Name _____ Age _____ ☐ Male ☐ Female

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cellular _____ Email Address (IMPORTANT) _____

Emergency Contact Person _____ Phone _____ (If Minor) Parent/Guardian Name & Signature _____

Occupation _____ Employer Name _____ Employer Phone _____

My Condition is related to: ☐ Work ☐ Auto Accident - State: _____ ☐ Other _____

Social Security # _____ Date of Birth _____ ☐ Single ☐ Married

Work Status: ☐ Employed ☐ Retired ☐ Disabled (☐ Total ☐ Temporary) ☐ Student (☐ FT ☐ PT)

2. Referral Info

ALL INFO REQUIRED

How did you hear about us? _____

If by a friend or family member, please give their phone number and address below so we may send a thank you note and small gift.

_____

_____

_____

Primary or Referring Physician Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Do you have a followup appointment with this physician? _____

If yes, when? _____

3. Payment Info

(check only one box)

I am paying by CASH, CHECK, CREDIT and would like a...

☐ 30% discount by paying immediately.

☐ Payment Plan. Fees may apply.

I have INSURANCE and would like to...

☐ Have you deal directly with them. I will assign my benefits to you by completing the "Assignment of Benefits Form". Fees may apply. The following information is required prior to 1st visit.

My coinsurance/copay is $ _____

My deductible is $ _____

☐ Get a 30% discount by paying the entire bill immediately. I'll get reimbursed on my own. (Ask the front desk for details.)

I have an ATTORNEY and would like to...

☐ Get a 30% discount by paying the entire bill immediately. I'll get reimbursed when my case settles.

☐ Wait until my case settles. I will complete the "Attorney Lein" form. Fees may apply.

4. Credit Card On File

Safe and Secure. I understand I will be notified of any and all charges prior to processing.

☐ Visa ☐ Master Card ☐ AMEX ☐ Discover Card # _____

Name on Card _____ Exp. Date _____ CVV Code _____