

Maple Leaf Physical Therapy, Randi Sundby PT

9518 Roosevelt Way NE Seattle, Wa 98115 (206) 524-1058

PATIENT INTAKE REGISTRATION FORM

PATIENT INFORMATION

Patient Name: _____ Gender: M or F

BirthDate: _____ / _____ / _____ Age: _____ Social Security # _____

Address: _____ APT# _____

City _____ State _____ Zip _____

Email Address: _____

Primary # (_____) _____ Secondary# (_____) _____ Work # (_____) _____

Referring Physician: _____ Phone# (_____) _____

Emergency Contact: Name: _____ Phone# (_____) _____

INJURY/COMPLAINT

Chief complaint _____

Injury or Onset Date: _____ Date of surgery (if applicable) _____

Where did your injury occur? home/school work auto accident other: _____

INSURANCE INFORMATION

INSURANCE COMPANY: _____

Health Insurance: ID# _____ Group# _____

Subscriber Name: _____ Relationship: self spouse dependent

Auto accident: PIP Claim# _____ Were you the driver or passenger?

PIP adjuster name: _____ telephone# _____

please note your personal PIP benefits will be billed for you, however we do not bill 3rd party "the other person's" liability insurance

Work Injury: CLAIM# _____ Employer: _____

Claims Manager Name: _____ telephone # _____

FINANCIAL AGREEMENT

The above information is correct to the best of my knowledge. I understand billing my insurance is a courtesy provided to me from Maple Leaf Physical Therapy at no additional cost, and does not relieve my financial responsibility. I agree that Maple Leaf Physical Therapy may furnish the responsible insurance company, and others authorized parties, with necessary information to process physical therapy claims on my behalf in a timely manner. I understand I am responsible for all deductibles, co pays and services not covered by my insurance carrier; and agree to pay if requested at time of service or upon receipt of statement. I understand a 1% (12%APR) finance charge may be assessed to my account if a balance remains unpaid after 60 days.

Patient/guardian signature

Date