



PATIENT REGISTRATION FORM

PATIENT INFORMATION		REGISTRATION DATE:	
First Name:	M.I.:	Last Name:	Sex: M F
Street Address:			
City:	State:	Zip Code:	
Cell Phone: () -	Cell Phone Carrier:	Work Phone: () -	
Date of Birth:	Social Security #:	Email:	
Referring Physician:			
Date of Injury:			
Type of Injury: () General Health () Personal Liability () Work Comp () Motor Vehicle () Other_____			
Home Health Services: Are you currently receiving or within the past 7 days received home health services for any condition? () Yes () No			
INSURANCE INFORMATION		<i>PLEASE MAKE AVAILABLE THE APPLICABLE INSURANCE CARDS</i>	
Primary Insurance Carrier:			
Group #:	Policy or Subscriber Id#:		
Name of Policy Holder:	Policy Holder Date of Birth:		
Secondary Insurance Carrier:			
Group #:	Policy or Subscriber Id#:		
Name of Policy Holder:	Policy Holder Date of Birth:		
CONSENT FOR TREATMENT			
(1) Permission to Access Patient Information		Name:	Relationship:
(2) Permission to Access Patient Information		Name:	Relationship:
Acknowledgment and agreement that I have read and understand all parts of ARSM Consent for Treatment Statement			Initials:
AUTHORIZATION FOR PAYMENT			
Acknowledgment and agreement that I have read and understand all parts of ARSM Authorization for Payment Statement			Initials:
The above information is true to the best of my knowledge. I authorize my insurance benefits to be paid directly to Advanced Physical Therapy Service, Ltd for their services. I understand that I am financially responsible for any balances, including Attorney and Collection fees in the event of my default.			
X			
Patient / Guardian Signature			Date
PRECERTIFICATION OF BENEFITS		OFFICE USE ONLY	
Deductible: \$	Visit Limit:	/	Used
Portion Met: \$	Pre-Authorization Required? Yes / No		
Remaining: \$	Medicare Limit: \$	/ \$	Used
Out of Pocket Expense: \$	Met: \$		
Benefits payable at % after Co-pay or Deductible (circle one)			
Co-Pay: Yes / No	Amount per Visit: \$		
Acknowledgment and agreement that I have been informed of my insurance benefits and have received a copy of this form			Initials: