

SPORTHOPEDICS PHYSICAL THERAPY, PC
1060 Crater Lake Ave., Suite A, Medford, OR 97504
541-776-2035

PERSONAL

Patient's Full Name: _____ Date: _____
Address: _____ Zip: _____ Social Security #: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Date of Birth: _____ Age: _____ Sex: M F Marital Status: _____
Name of Doctor Who Referred You: _____ Primary Care MD: _____
Employer (Name and address) _____ Occupation: _____
Person to Notify in Emergency: _____ Phone: _____ Relationship to patient: _____
How did you hear about our office? _____

INSURANCE

PRIMARY Insurance (Please present cards to receptionist)

Company: _____
Policy Holder Name: _____
ID/Policy #: _____
Group #: _____
Date of Birth (policy holder): _____
Relationship to Patient: _____
Insurance Phone: _____

SECONDARY Insurance

Company: _____
Policy Holder Name: _____
ID/Policy #: _____
Group #: _____
Date of Birth (policy holder): _____
Relationship to Patient: _____
Insurance Phone: _____

WORKMAN's COMP. or AUTO (circle one) Billing Address: _____

Phone: _____
Claims Adjuster: _____ Claim #: _____
Date of Injury: _____ State where injury occurred: _____ Is your claim accepted? _____
Employer at time of injury: _____
Is this claim in litigation? ____ Yes ____ No Attorney Name/Address: _____
Phone: _____

RESPONSIBLE PARTY (If patient is a minor)

Name: _____ Relationship: _____
Address: _____ Phone: _____

ASSIGNMENT OF BENEFITS / RELEASE OF MEDICAL INFORMATION

I hereby authorize treatment and assign payment of medical benefits to SPORTHOPEDICS PHYSICAL THERAPY for services rendered to my dependents or myself. I also authorize the release of any medical information that is necessary to process Medicare and/or insurance claims. I understand that I am responsible for any amount not covered by insurance regardless of the reason for non-payment. I understand that a photocopy of this authorization is to be considered as valid as an original.

Patient/Guardian Signature: _____ Date: _____
Must have parent/guardian signature if patient is under 18