

Patient Information Sheet (Private Insurance)

Name _____ M F DOB: _____ Age: _____

Home Address _____ City _____ State: _____ Zip _____

Home PH#: _____ Cell/Other PH#: _____

Email Address: _____ Work PH#: _____

Occupation: _____ Employer: _____

Referring Provider / Referral Source: _____

Married Divorced Single Minor/Child Widowed Separated

Emergency Contact: (name, phone # & relationship) _____

Social Security Number (last 4 digits): XXX-XX- _____

Have you had any other OT/PT/Speech/Chiro this year? If so, how many? _____

Are you currently receiving ANY home health services? _____

Primary Language (if other than English) _____

You do not need to complete the insurance section(s) if we photocopy your insurance card(s).

Red Flag Rules require that we now photocopy and verify a Driver's License/Photo ID as proof of identity.

Primary Insurance Company Name: _____

ID/Subscriber Number# _____ **Group No #:** _____

Address: _____

Name of **Responsible Party** if different than Patient _____

DOB: _____ **SS#:** _____ **Employer:** _____

Secondary Insurance Carrier _____

ID/Subscriber Number# _____ **Group#:** _____

Name of **Responsible Party** if different than Patient _____

DOB: _____ **Relationship to Patient:** _____

Cash Payment **Our Clinic Does Not Accept Liens Under Any Circumstances.**

Private Health Insurance:

It is **your** responsibility to know the benefits and limitations of your particular insurance policy. Payment for services rendered is your responsibility at the usual & customary fee rates for this region. Payment for deductibles that have not been met, co-payments and co-insurance **ARE DUE AT THE TIME OF SERVICE**. Any remaining balance due after insurance payment will then be billed to you.

****Twenty-four hours notification is requested when canceling an appointment. Thank you!**

(In the event of multiple cancellations or No-Shows, you **will** be charged a \$25 fee for missed appointments.)

I hereby state that the information I have provided is true and correct to the best of my knowledge.

Signature: _____ Date: _____