



# PATIENT REGISTRATION INFORMATION

NAME: \_\_\_\_\_  
FIRST MI LAST

MAILING ADDRESS: \_\_\_\_\_  
STREET ADDRESS OR PO BOX

\_\_\_\_\_  
CITY STATE ZIP

PHONE: \_\_\_\_\_  
HOME WORK CELL

**\*\* Text reminders are sent for appointments the day before your scheduled appointment. \*\***  
**Is it ok to text your cell #? YES or NO**

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ MALE OR FEMALE: \_\_\_\_\_

MARITAL STATUS (Please circle one): SINGLE MARRIED WIDOWED OTHER \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_  
NAME PHONE # RELATIONSHIP

REFERRING PHYSICIAN: \_\_\_\_\_ PRIMARY PHYSICIAN: \_\_\_\_\_

Your insurance information will be collected by presenting your insurance card(s) at your first visit. Your card(s) will be scanned into your chart on our computer system.

A social security number is optional, **HOWEVER**, providing us with it will help us in communicating with your insurance company should problems arise. For some insurances, the social security number is needed for payment so not providing us with the number, leaves you responsible for payment.

For **TRICARE** Ins, provide SPONSOR'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

For **VETERANS/VA** coverage, provide YOUR SOCIAL SECURITY NUMBER: \_\_\_\_\_

For **ALL OTHER INSURANCE**, provide SUBSCRIBER'S SOCIAL SECURITY #: \_\_\_\_\_

We are very glad that you are choosing First Choice Physical Therapy, Inc. for your therapy needs. Please notify our staff of any change in address, phone number, or insurance coverage as soon as changes are made. Reimbursement of outpatient physical therapy by medical insurance companies varies with each policy. **It is the patient's responsibility to be aware of their insurance coverage (for example: if prior authorization is needed for physical therapy treatment) and maintain knowledge of that coverage.** \_\_\_\_\_ (Patient/Responsible Party Initials)

In the event that a problem should arise with your insurance, we can contact your insurance company in addition to you checking in with your insurance company. This would be done as a courtesy to you.