



PATIENT REGISTRATION INFORMATION

NAME: _____
FIRST MI LAST

MAILING ADDRESS: _____
STREET ADDRESS OR PO BOX

CITY STATE ZIP

SOCIAL SECURITY NUMBER: _____ (REQUIRED for TRICARE sponsors & VA veterans)

PHONE: _____ **Appointment reminders are
HOME CELL texted the day before your
BIRTHDATE: _____ MALE OR FEMALE: _____ appointment. Is it ok to text
your cell #? YES or NO

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

PRIMARY PHYSICIAN: _____ REFERRING PHYSICIAN: _____

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. 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. If your visits are authorized by Tricare or the VA, the sponsor/veteran's social security number is required. Failure to provide us with this social security number, leaves you responsible for payment of your visits. For all other insurance companies, a social security number is optional; however, providing us with it will help us in communicating with your insurance company should problems arise. Your information is entered into your chart on our computer and this form is then shredded. If you feel more comfortable verbally providing us with your number, please let us know. Coverage of outpatient physical therapy by medical insurance companies varies with each company and 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. In the event that a problem should arise with your insurance, it is more beneficial that you check with your insurance company. As a courtesy to you, we can contact your insurance company in addition to your contact with them.

I acknowledge by my initials that I have read the above paragraph above: _____

OCCUPATION: _____ EMPLOYER: _____

IF EMPLOYED, WORK PHONE (Only used to contact you if other numbers fail): _____

EMERGENCY CONTACT: _____
NAME PHONE # RELATIONSHIP