HIGHLINE HAND THERAPY

PATIENT REGISTRATION

Please Print!

SOUTHWEST HAND THERAPY

Name _____ First Apt. Date _____
First M.I. Last

Address _____ Home Phone: _____

City _____ State _____ Zip Code _____ Cell Phone: _____

Social Security # _____ Birth Date _____ Age _____

Sex: Female_____ Male_____ Marital Status: Single____ Married____ Divorced____ Widowed_____

Patient:

Employer _____

Phone # _____

Occupation _____

Spouse or Parent (if minor)

Name _____

Employer _____

Work Phone _____

Spouse's/ Parent's Date of Birth _____

At which phone number to leave a detailed message: Home____ Cell____ Work____ Other____

Injury Information:

Date _____ Place: Home _____ Work _____ Auto _____ Other _____

Nature or Cause of Injury _____ Surgery Date _____

Referring Physician _____ Primary Physician _____

Insurance Information:

Primary Insurance Company _____

Subscriber's Name _____ Subscriber's Birth Date _____

ID # _____ Group # _____

Patient's Relationship to Subscriber: Self _____ Spouse _____ Child _____

Note: Highline Hand Therapy offers the service of billing one insurance company of your choice. Any supplemental insurance will need to be handled by the patient. For non-work related accounts, a monthly rebilling charge of 1% will be added to any outstanding account balances after 60 days.

If we are not notified at least 24 hours in advance for a cancelled appointment, you will be charged $50.00 per appointment missed.

Emergency Information:

In case of emergency, local friend or relative to be notified (preferably not living at the same address)

Name _____ Relationship to Patient _____

Day Time Phone _____ Home Phone _____

Interpreting Company _____ **Phone** _____

Assignment and Release: I hereby authorize my insurance benefits be paid directly to the provider. I am financially responsible for any balance due. I authorize the therapist or insurance company to release any information required for this claim. For treatment or billing purposes, I authorize my physician to release any information to Highline Hand Therapy.

Signed _____

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