Outreach Physical & Occupational Therapy
& Speech Rehabilitation, PLLC
CLINIC SETTING

Please, either fill out in office, fax, mail or bring in below with prescription from Doctor

ALL PATIENTS OR PATIENTS' LEGAL REPRESENTATIVE, PLEASE COMPELTE ALL SECTIONS:

PATIENT INFORMATION

Full Name (as on Insurance ID card)____

Address___________________________________ City____________State____Zip_____________

Home Phone #___________________Cell #_____________________email:_____________________

Social Security #__________________________ Date of Birth______________sex: ☐ M ☐ F

Family/Friend/Emergency Contact Name____

Relationship_______________________Ph #___________________ email____________________

LEGAL PHOTO ID #: ie) driver's license or passport #______________________________

How would you like to receive appointment reminders?

☐ **Call me at home** ☐ **call my mobile** ☐ **text my mobile** ☐ **E-Mail me**

REFERRAL:

How did u hear about us? ____

TYPE OF THERAPY NEEDED, CHECK OFF: ☐ **Physical** ☐ **Occupational**

Medical History and Precautions (brief): ____

PATIENT INSURANCE INFORMATION:

If filing insurance: Check A or B

A____ patient is the insured (do not complete # 1 and 2)

B____ Insured is ___ Spouse ___ Parent (Complete all of sections 1 and 2)

Name, Address, ph. #

1) ____

NAME: LAST FIRST INITIAL Sr. /Jr.

____

ADDRESS: STREET APT# CITY STATE ZIP CODE

PHONE: Home (_____) ______-________Mobile (____) _______-________

Work (____) _______-_______

In Network Physical/Occupational (check): ☐ **United Health Care** ☐ **Aetna** ☐ **Cigna** ☐ **US Family** ☐ **Workers Compensation** ☐ **No Fault**

Private Pay: ☐**PT** ☐ **OT** ☐ **SLP: ($110/Session (up to 60 minutes) $60/session (up to 30 minutes)**

☐ **Check if you have given your insurance card to the front desk (skip section)**

Primary insurance:

Exact name on insurance card______________________________

Ins. company ph. #____

Above Primary Ins. Member ID #_________________________________Group #_______________

Plan/policy #__________________

SECONDARY INSURANCE:

Insurance Co. name and phone #______________________/_____________________________

Patient id #:______________________Group #____________Plan/policy#______________

<u>EMPLOYER INFORMATION:</u>

Employer Name:__________________________Employer ph. #____________________

Employer address:__________________________________

<u>OPTIONAL CREDIT CARD AUTHORIZATION:</u>

I hereby authorize Outreach Physical and Occupational Therapy and Speech Rehabilitation, PLLC to charge my credit card for services rendered for a period of one year from the date below. It is my responsibility

Name on card________________________ **Signature/ date_________________________**

Credit card type ☐ MasterCard ☐ Visa ☐ American express ☐ Discover

Credit card #________________________expiration date/ security code____________

Billing zip code____________

PAYMENT AUTHORIZATION:

Initials______ Assignment of insurance benefits

I authorize that the payment of my insurance benefits be made directly to Outreach PT, OT , ST, PLLC for all services delivered; if I am paid directly I will promptly pay Outreach PT, OT , ST, PLLC all monies paid to me

Initials______ Guarantee of Payment

I understand that all payments designated as "the patients responsibility" such as co-insurance and deductibles are due and payable at the time of service or statement receipt. I guarantee I will pay the amount deemed "my responsibility" by my insurer by the statement due date

Initials______ Certification of Information

I certify that the information I have provided Outreach PT, OT and ST, PLLC for payment including , but not limited to , related accidents, illnesses or other insurers is accurate and truthful.

ATTESTATION:

I attest, to the best of my knowledge, the above information is accurate and true

Signature/date:

Patient/legal representatives Signature _________________________Todays date_________

1110 2nd Avenue (58th and 59th St.) Suite 302
New York NY 10022
Tel: 212-842-0080
Fax: 917-591-8494
Email: info@outreach-rehab.com