



Physical Therapist: Andrew J. Connolly **GO HERE**

Clinic: Burlington/ Union Grove REASON FOR CALL _____ INJURY/SX DATE _____

PATIENT INFORMATION

TODAY'S DATE _____

EVALUATION DATE _____

NAME: _____ MALE FEMALE (circle one)

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Cell phone: _____ Work Phone: _____ ext. _____

Email Address: _____

DOCTOR/REFERRAL SOURCE: _____

DOB: ____/____/____

SOCIAL SECURITY NUMBER: ____/____/____

EMPLOYER: _____ PHONE: _____

IN CASE OF EMERGENCY, NOTIFY: _____ PHONE: _____

INSURANCE INFORMATION

PRIMARY INSURANCE: _____ MEMBER ID: _____

GROUP NUMBER: _____ PRIMARY INS. PHONE NUMBER: _____

POLICY HOLDER: _____ RELATIONSHIP TO PATIENT: _____

IF OTHER THAN PATIENT, POLICY HOLDER'S SOCIAL SECURITY NUMBER: ____/____/____ DOB: ____/____/____

EMPLOYER: _____ EMPLOYER'S PHONE: _____

SECONDARY INSURANCE: _____ MEMBER ID: _____

GROUP NUMBER: _____ PRIMARY INS. PHONE NUMBER: _____

POLICY HOLDER: _____ RELATIONSHIP TO PATIENT: _____

IF OTHER THAN PATIENT, POLICY HOLDER'S SOCIAL SECURITY NUMBER: ____/____/____ DOB: ____/____/____

EMPLOYER: _____ EMPLOYER'S PHONE: _____

AUTHORIZATION FOR TREATMENT: I give my consent to undergo examination and treatment by the staff at **Connolly Physical Therapy**.

X PATIENT SIGNATURE: _____ DATE: _____

AUTHORIZATION TO RELEASE AND ASSIGN INSURANCE BENEFITS: I authorize the release of any information required to act on this claim and permit photographic or further facsimile reproduction of this authorization to be used in place of the original. I hereby assign to Andrew J. Connolly PT, OCS, FAAOMPT, doing business as **Connolly Physical Therapy** the medical benefits I am entitled to for Physical Therapy service from my insurance company.

I am responsible for any charges not paid by my insurance company, all charges plus 5% per month of the unpaid balance of any charges incurred in the event of delinquency of timely payment plus collection fees. *By listing my email address and cell phone number, I authorize Connolly Physical Therapy to send emails and text messages to me.

X PATIENT SIGNATURE _____ DATE: _____