



PATIENT INFORMATION

Name (First) (Last) (MI)
(If minor, name of responsible parent) (Parent's DOB)
Date of Birth Social Security Number
Address City State ZIP
Phone(home) Phone(work) Phone(cell)
Employer Address City State ZIP
Phone Occupation Date of Injury
Referring MD Primary MD
Next appointment date with referring MD?
Working? Yes/ No Date of Disability Injury Type(circle): Work Auto Home Other
Emergency Contact Phone
Whom may we thank for your referral?

INSURANCE INFORMATION

Name of Insurance Co.
Policy Holder's Name (or self) or Relationship to patient DOB
Cert or ID# Group #
Secondary Insurance
Policy Holder's Name Relationship to Patient
Cert or ID# Group#

Please read, and then sign:

I request that all authorized benefits be paid to Jason A. Campopiano, PT, PLLC for any services or treatments provided to me by my physical therapist or provider. I do authorize the release of my medical information to the extent required to determine benefits payable for services rendered to me by my physical therapist or provider, to be released to my insurance company or its agents.

I do understand that all co-pays or uninsured payments are due at the time services are provided. I also understand that I may be responsible for any balance due after insurance payment is received. I choose to receive the physical therapy services provided to me by my physical therapist, and if my insurance company denies payment for visits they deem to be not medically necessary, I will pay for my visit(s). Additionally, I understand that there shall be a charge of \$25. for any check returned to Local Motion Physical Therapy from the bank.

I do understand that I must call to cancel an appointment 24 Hours in advance, and I will make every effort to do so. I do understand that there is a fee of \$25 for any appointment for which I do not give a 24 Hour cancellation notice. I do understand that if I miss three appointments scheduled for me without calling 24 hours in advance, my therapist reserves the right to cancel all of my other scheduled appointments without notice.

Signature Date