



# Mile Square Physical Therapy & Sports Medicine

608 Washington Street, Hoboken, NJ 07030    202 Main Ave, Clifton, NJ 07014

Ph: (201) 484-0134 Fax (201) 484-7123    (973)777-3301 (973)777-3308

## PATIENT INFORMATION

Date: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 Sex: Male \_\_\_ Female \_\_\_  
 Birthdate: \_\_\_\_\_

### **Phone Numbers:**

Home: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Best time to reach you: \_\_\_\_\_

Employer: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer Phone: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 \_\_\_\_\_

## INSURANCE INFORMATION

Insurance Co: \_\_\_\_\_  
 ID#: \_\_\_\_\_  
 Group#: \_\_\_\_\_  
 Patient covered by additional insurance? Yes \_\_\_  
 No \_\_\_  
 Subscribers Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Relation to Patient: \_\_\_\_\_

### Assignment and Release:

I certify that I, and/or my dependent(s) have insurance coverage with \_\_\_\_\_ and assign directly to Mile Square Physical Therapy all insurance benefits payable to me for services rendered. I understand that I am financially responsible for all charges, whether paid or not paid by my insurance. I authorize the use of my signature on all insurance submissions.

The above named facility may use my health care information and may disclose such information to the above named insurance company and their agents for the purpose of obtaining payment for services and determining insurance benefits for related services. This consent will end when my current treatment plan is completed.

Signature of Patient: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

## ACCIDENT INFORMATION

Is condition due to an accident? Yes \_\_\_ No \_\_\_  
 If yes, date: \_\_\_\_\_

Type of accident: Auto \_\_\_ Work \_\_\_ Other \_\_\_

To who have you made a report of your accident?  
 Auto Ins. \_\_\_ Workers Comp. \_\_\_ Employer \_\_\_  
 Other \_\_\_\_\_

Attorney Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_