LAFAYETTE PHYSICAL THERAPY, INC.

Patient Information

Legal Last Name		Legal First Name	MI	Sex	Preferred Name
Home Phone	Cell Phone	SSN	DOB		Marital Status
Address		City	State		Zip
Employer		Occupation	Work Phone		
Adjuster Name		**Adjuster Phone**	**Adjuster Fax**		
Emergency Contact Person*		Relation	Phone		*For emergencies and urgent info if we are unable to get ahold of you.
Have you received any outpatient rehabilitation therapy this year? ☐ Yes: _____ # visits ☐ No					
Automated Appt. Reminders: Please select a phone number &/or e-mail to receive appointment reminder notifications on: ☐ Home ☐ Cell ☐ Text ☐ No reminder ***For email reminder, please see email consent form**					

FOR OFFICE USE ONLY:
Our front desk will fill out this portion upon your arrival

Insurance: Workers Compensation

WC - _____

☒ Patient is eligible for benefits: Effective Date: _____ to _____
☒ Prior authorization is required ☒ Rx required
☒ Coverage is based on medical necessity

Benefits Information:

_____ Visits authorized. ***Additional visits may be requested*** **

100% Insurance coverage until WC claim is closed by referring physician and/or insurance adjuster

Patient/Guardian Initials: _____

**** Additional visits must be requested by your referring provider, which may require a follow-up visit. Visit authorization must be obtained in writing from you Workers Compensation insurance prior to additional physical therapy visits being scheduled.**

Other Information: _____

_____

_____

I certify that the information provided is true and accurate. I authorize Lafayette Physical Therapy, Inc (herein referred to as LPT) to bill my insurance carrier and instruct my insurer to pay any benefits directly to LPT. I understand that any charges not covered by my insurance will be my responsibility. I authorize the release of any medical information necessary to process my claims. I authorized my insurance carrier to provide LPT with detailed benefits information. I have read and understand the above information. A photocopy of this agreement shall be as valid as the original.

_____ _____ Office Use: _____

Client/Guarantor Signature Date Interviewer Initials