BENTON CITY PHYSICAL THERAPY

604 Ninth St. P.O. Box 840, Benton City, WA 99320 • Phone 509-588-2924 • FAX 509-588-4564

For official use only:
Physical Therapist _____
Diagnosis Code(s):

Patient's Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Date of Birth: _____ ☐ Male ☐ Female SSN: _____

Employer: _____ ☐ Student Work Phone: _____

Employer's Address: _____ City: _____State: _____ ZIP: _____

Referring Physician: _____ Physician's Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

If Married: **Spouse's Name:** _____ Employer: _____

Cell Phone : _____ Work Phone: _____

PLEASE COMPLETE IF PATIENT IS A MINOR:

Mother/Guardian's name: _____ Address: _____

City: _____ State: _____ Zip: _____ DOB: _____

Employer: _____Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Father/Guardian's name: _____Address: _____

City: _____ State: _____ Zip: _____ DOB: _____

Employer: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone:_____

Insurance Information

Primary_____

Address_____

Subscriber Name_____

Membership Number_____

Group Number_____

Secondary_____

Address_____

Subscriber Name_____

Membership Number_____

Group Number_____

Date of Injury_____

Claim Number_____

___ Job ___Auto ___Accidental

Emergency Contact Name: _____ Phone: _____

I authorize Columbia Physical Therapy, Inc. P.S. to use and disclose health and medical information for the purposes of treatment, payment and health care operations. Under all circumstances I assume final responsibility for my account understanding that in the event my account becomes delinquent, I agree to pay accrued finance charges, court costs and attorney fees. I consent to physical therapy services prescribed by any physician. I authorize payment of medical benefits by my insurance company to Columbia Physical Therapy, Inc. PS, for services rendered. I have received this practice's Notice of Privacy Practices written in plain language.

Signature: _____ **Date:** _____