

Patient Express Registration

Whittles Physical Therapy

Today's Date: _____

1. Personal Info

Please Fill-Out Entire Form Completely & Legibly.

Last Name _____ First Name _____ Age _____ Male Female

Street Address _____ City _____ State _____ ZIP _____

(_____) _____ (_____) _____ Email Address (Important) _____

Home Phone _____ Cellular _____

Emergency Contact Person _____ Phone # _____ (if minor) Parent/Guardian Name and Signature _____

Occupation _____ Employer Name _____ Phone # _____

• My condition is related to: Work Auto Accident (State _____) Other _____

Social Security # _____ Date of Birth ____/____/____ Single Married

Work Status: Currently Employed: Retired Disabled (__ Total or __ Temporary) Student (__ P/T __ F/T)

2. Referral Info

****ALL INFO REQUIRED****

How did you hear about us? _____

If by a friend or family member, please give their phone number and address below that we may send a thank you note and small gift.

Primary or Referring Physician Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____

Do you have a followup appointment with this physician? _____

If yes, when? _____

3. Payment Info

(check only one box)

I am paying by **CASH, CHECK, CREDIT** and would like a . . .

30% discount by paying at the time of service.

Payment plan. Fees may apply.

I have **INSURANCE** and would like to . . .

Have you deal directly with them. I will assign my benefits to you by completing the "Assignment of Benefits Form". Fees may apply. The following information is required prior to 1st visit.

My coinsurance/copay is \$ _____

My deductible is \$ _____

Get a 30% discount by paying the entire bill at the time of service. I'll get reimbursement on my own. (Ask the front desk person for details)

I have an **ATTORNEY** and would like to . . .

Get a 30% discount by paying up front. I'll get reimbursed after my case settles.

Wait until my case settles before paying. I will complete the "Attorney Lien" form. Fees may apply.

4. Credit Card on File

Safe and Secure. I understand I will be notified of any and all charges prior to processing.

__ Visa __ MC __ AmerX __ Discover Card # _____

Name on Card _____ Exp Date _____ CVV code _____