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Fax (316) 775-0730

418 N. Andover Rd. Suite 400
Andover, KS 67002
(316) 733-0077
Fax (316) 733-9007

Patient Intake Form

Referring Physician: _____ Work Related Injury? Yes _____ No _____
How did you find out about us? Direct Mail _____ Your Physician _____ Augusta Gazette _____ Shoppers Guide _____
Billboard _____ Friend – Who _____

In the past 3 months have you had any kind of home health care? Yes _____ No _____
(If yes, please notify the front desk at the time of service)

PATIENT INFORMATION

Legal Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____ Age: _____ SSN: _____
Home Phone: _____ Cell Phone: _____ E-mail Address: _____
Patient Employed By: _____
Business Address: _____
Business Phone: _____ Occupation: _____

SPOUSE INFORMATION OR CARD HOLDER INFORMATION

Legal Name: _____ SSN: _____ Cell Phone: _____
Same as my information above _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____

INSURANCE INFORMATION

Primary Insurance: _____
Secondary Insurance: _____
I do not have medical insurance _____

URGENT CARE INFORMATION

Emergency Contact (other than spouse): _____ Phone Number: _____
Address: _____
Relationship to patient: _____

RELEASE AND ASSIGNMENT INFORMATION

Release of Medical Information: I hereby authorize PT Plus to release my medical information and/or statement of charges connected with these services to, but not limited to, an insurance carrier, workman's compensation carrier, health and welfare funds, attorneys, consultants, and anyone assisting in obtaining payment.

Insurance Assignment: I hereby assign medical benefits of any type arising out of any policy of insurance, insuring the patient or any other party liable for the patients care to, PT Plus, Inc., to be applied to the charges for services rendered.

Agreement to Pay for Services: For and in consideration of the care and treatment provided to the patient, I agree to pay PT Plus for all charges for services rendered to or on behalf of the patient, including charges for insurance deductible and co-insurance which are not covered by the insurance carrier, workers compensation carrier, health and welfare funds, and fees or charges by attorneys, consultants, and anyone assisting in obtaining payment.

Patient Signature (or legal guardian if under 18 years old)

Date