

PATIENT REGISTRATION for OASIS PHYSICAL THERAPY & PILATES

Date _____

Name _____ Birthdate _____ Male ___ Female ___
Last First Middle Initial

Address _____
Street City State Zip

Hm Phone _____ Cellphone _____ Workphone _____

Email Address _____ Current Employer _____

Referring Doctor _____ Family Doctor _____

Date of Injury or first onset of symptoms _____ Date of Reinjury _____

For Job Related Injuries:

Name of claim manager and contact info _____

Claim # _____ Employer at time of injury _____

For Everyone:

Emergency Contact Person (Required) _____ Phone _____

Primary Insurance _____ Subscriber ID # _____

Group # _____ Insurance Co. address and Phone _____

Subscriber Name _____ Phone _____ Cell _____

Subscriber Address _____ Your relation to subscriber _____

Secondary Insurance _____ Subscriber ID# _____

Group # _____ Insurance Co address and phone _____

Subscriber's name _____ Phone _____ Cell _____

Subscriber Address _____ Your relation to subscriber _____

Amount of Co-Pay? _____ (Please pay before your treatment).

How did you hear about us? _____

Financial I, the undersigned, have insurance coverage with _____ and assign directly to Oasis Physical Therapy all medical benefits, if any, otherwise payable to me for services rendered. I understand I am personally responsible for all charges whether or not paid by my insurance. Usual fees range from \$100 to \$180 per visit depending on services provided. I understand I will be charged 1.1% or \$2 minimum per month on all charges over 30 days past due. I authorize the use of my signature on all my insurance submissions

_____ Signature _____ Date

Cancellations and No Shows We ask for at least a 24 hour notification for cancellations. We will charge \$50 to you personally (not your insurance) for cancellations of less than 24 hours or for no shows. The only exceptions to this will be illness or emergencies. This fee must be paid before further appointments will be honored. I have read and agreed to this cancellation policy.

_____ Signature _____ Date