NEW AGE PHYSICAL THERAPY P.C.

32 07 Francis Lewis Blvd
Bayside 11358
Phone: 718-224-3818 Fax: 718-224-0784

PATIENT INFORMATION UPDATE FORM

Please Print

Name: _____ Today's Date: _____

Last First Mi.

Address: _____ Social Security: _____

Street Address Apt #

_____ Date Of Birth: _____

City State Zip

Daytime Phone: _____ Work Number: _____

Primary Care Physician: _____ Phone Number: _____

Address: _____

INSURANCE INFORMATION

Primary Insurance Plan: _____

Subscriber Name: _____

Relationship To Insured: _____ Date Of Birth: _____ SS#: _____

Identification Number: _____

Group Number:_____

Secondary Insurance Plan: _____

Subscriber Name: _____

Relationship To Insured: _____ Date Of Birth: _____ SS#:_____

Identification Number: _____

Group Number: _____

I, the undersigned certify that (or my dependent) have insurance coverage with _____ and assign directly to New Age Physical Therapy all insurance benefits, if any, otherwise payable to me for service rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize New Age Physical Therapy to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

_____ _____

Responsible Party Signature *Date*