

Total Body Rehab

1210 S.E. Maynard Rd. ♦ Suite 103 ♦ Cary, NC 27511 ♦ 919-297-0280 – tel ♦ 919-297-0281 - fax

Patient Information

Thank you for choosing our clinic. In order to serve you properly, we need the following information. Please print. All information provided will be kept strictly confidential.

Name: _____
Last First M.I.

Address: _____

City

State

Zip

E-Mail Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Date of Birth: _____ Age: _____ Social Security Number: _____

Sex: M or F Marital status: _____

Insurance Information

Primary Insurance Company: _____

Policy Holder's Name: _____

Policy number: _____ Group Number: _____

If different from above information

Policy Holder's SS number: _____ Policy Holder's Date of Birth: _____

Please provide the Receptionist with your insurance card so we can make a copy for our records

Employment Information

Employer: _____

Address: _____

Medical Provider Information

Primary Care Physician: _____ Telephone: _____

Referring Physician: _____ Telephone: _____

Authorization

I authorize the release of medical information to my insurance company and payment of benefits directly to Total Body Rehab. I also understand that a verbal explanation of benefits is not a guarantee that benefits will be paid and I agree to accept full responsibility for all charges from Total Body Rehab.

Signature

date