

Absolute Physical Therapy

1365 Broadway • Bangor, ME 04401 • (207) 942-2233 • (207) 262-1130 fax

PATIENT INFORMATION FORM

NAME:	SOC. SEC. #:	D.O.B.:
ADR1:	HOME PHONE:	CELL PHONE:
ADR2:	WORK PHONE:	EXT:
CITY:	EMAIL:	
STATE:	ZIP:	PRIMARY CARE DR:
EMERGENCY CONTACT:		PHONE #:

HEALTH INSURANCE INFORMATION

HEALTH INSURANCE:	
ID/CONTRACT #:	
GROUP #:	
SUBSCRIBER NAME:	
RELATIONSHIP TO SUBSCRIBER:	

AUTO ACCIDENT INFORMATION

INSURANCE COMPANY NAME:	DATE OF INJURY:
	CLAIM #:
MAILING ADR:	LAWYER:
CITY:	PHONE #:
STATE:	
ZIP:	
TELEPHONE:	

WORKER'S COMPENSATION INFORMATION

INSURANCE COMPANY NAME:	DATE OF INJURY:
	CLAIM #:
ADDRESS:	EMPLOYER:
CITY:	
STATE:	LAWYER:
ZIP:	PHONE #:
CLAIM #:	
PHONE #:	

MEDICAL INFORMATION AND PAYMENT AUTHORIZATION

I AUTHORIZE THE RELEASE OF ANY MEDICAL RECORDS NECESSARY TO PROCESS THE ABOVE CLAIM FOR SERVICES RENDERED TO ME BY THE UNDERSIGNED PROVIDER.

SIGNATURE OF PATIENT _____ DATE _____

I AUTHORIZE PAYMENT OF BENEFITS FOR THE ABOVE CLAIM TO THE UNDERSIGNED PROVIDER.

SIGNATURE OF PATIENT _____ DATE _____