



Life Strength Physical Therapy, Inc.
110 West Road, Suite 105
Towson, MD 21204
Phone 410-321-4901
Fax 410-321-4903

- o New Patient
o Insurance Change
o Address Change
o Change in Marital Status

Today's Date
Physical Therapist

CONFIDENTIAL PATIENT INFORMATION

Patient Name DOB Sex SS#
Marital Status Please Circle - Single Married Divorced Widowed
Address
City State Zip
Telephone (H) (w)
Employer Name
Employer Address
Reason for Visit
Referring MD Name and Phone

INSURANCE INFORMATION

Primary Insurance Company
Policy Holder
Relationship to patient
Policy# Group#
SS# DOB Effective Date
Secondary Insurance Company
Policy Holder
Relationship to patient
Policy # Group #
SS# DOB Effective Date

ASSIGNMENT OF BENEFITS: I understand that I am responsible for the accuracy of the information on this form. If for any reason payment cannot be received from my insurance company(s), I will be held directly responsible for all fees incurred with Life Strength Physical Therapy, Inc. I authorize payment of medical benefits to the provider or supplier for all services rendered if the provider of services is a participating provider with my insurance. I also authorize the release of any medical or other information necessary for the processing of claims.

AUTHORIZED SIGNATURE DATE