

TETON HAND THERAPY

Date: ____ / ____ / ____

**PLEASE SIGN
BY EACH "X"**

PLEASE FILL OUT COMPLETELY AND SIGN WHERE INDICATED.

I authorize payment of medical benefits to the undersigned provider or supplier for these services and all future claims. X _____ Signed (Insured or Authorized Person)	I authorize the release of any medical information necessary to process this claim and all future claims. X _____ Signed (Insured or Authorized Person)	I have been provided with the Notice of Privacy Practices for TETON HAND THERAPY and have had an opportunity to review it. X _____ Signed (Insured or Authorized Person)
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PATIENT INFORMATION

Last Name	First Name	Middle Initial	Nickname
Mailing Address	City	State	Zip Code
Sex (circle one): Male Female	Date of Birth: ____ / ____ / ____	Home Phone: () ____ - ____	
Marital Status (circle one): S M X D W	Currently employed? Yes No	Cell Phone: () ____ - ____	
Soc. Sec. No.: ____ - ____ - ____	Employer	Work Phone: () ____ - ____	

SPOUSE OR RESPONSIBLE PARTY

Last Name	First Name	Middle Initial	Nickname
Mailing Address	City	State	Zip Code
Sex (circle one): Male Female	Date of Birth: ____ / ____ / ____	Home Phone: () ____ - ____	
Relationship (circle one): Spouse Parent Other	Currently employed? Yes No	Cell Phone: () ____ - ____	
Soc. Sec. No.: ____ - ____ - ____	Employer	Work Phone: () ____ - ____	

REFERRING PHYSICIAN

Physician Last Name	First Name	Phone
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NEXT OF KIN INFORMATION

Name	Relationship	Home Phone	Cell Phone
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INSURANCE INFORMATION

In order to avoid error or delay in the processing of your insurance claim, it is essential that the following section be completely filled out.

Does the Patient have health insurance? (circle one) Yes No Date of injury or onset: ____ / ____ / ____

Is this visit related to an accident? (circle one) Work Comp Auto Other Claim #: _____

Primary Insurance Carrier

Other Insurance Carrier

Insurance Company		
Insurance Address		
City	State	Zip Code
Insurance Phone Number		
Policy Holder		
ID# / Subscriber Number	Policy or Group Number	

Insurance Company		
Insurance Address		
City	State	Zip Code
Insurance Phone Number		
Policy Holder		
ID# / Subscriber Number	Policy or Group Number	