

Registration Form



Physical Therapy 180°

5909 W. State St.
Boise, Idaho 83703
Phone: (208) 343-7700,
Fax: (208) 331-2591

Please Print

Today's Date: ___-___-___

Name (Last) (First) (MI)

Social Sex M F Age Birth date

Address

City State Zip

Home Phone: Cell Phone:

E-mail Address:

Insured Medicaid/Medicare Worker's Comp Car Accident Self-Pay

Employer Occupation:

Employer Address Emp. Phone

In Case of Emergency Phone

Physician's Name:

Whom can we thank for referring you?

Worker's Compensation or Motor Vehicle Information

Date of Accident or Injury - - Claim #

Agent or Adjuster's Name Phone

Primary Insurance

Please provide a copy of your current insurance card and we will copy the information for your chart.

Assignment and Release

I, the undersigned, certify that I (or my dependent) have insurance coverage with and assign directly to Physical Therapy 180° all (Name of Insurance Company)

insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by Insurance. I authorize the use of this signature on all insurance submissions. I hereby authorize my physician to release all information necessary to secure the payment of benefits and to retrieve information necessary to provide treatment, and as otherwise required by law. I understand that I have the right to a copy of the Notice of Privacy Practices upon request. I understand that Physical Therapy 180° complies with all HIPAA regulations.

Responsible Party Signature

Relationship

Date

Jill Thompson, P.T.
Jenny Berryhill, D.P.T.
Josette Troxler, M.P.T.
Dana Kreusel, D.P.T.
Tori Hindson, P.T.
Paula Kosberg, D.P.T.