

Patient Express Registration

STEP Physical Therapy

Today's Date: _____

1. Personal Info

Please Fill-Out Entire Form Completely & Legibly.

Last Name First Name Age Male Female

Street Address City State ZIP

(_____) (_____) _____
Home Phone Cellular Email Address (Important)

Emergency Contact Person Phone # (if minor) Parent/Guardian Name and Signature

Occupation Employer Name Phone #

● My condition is related to: Work Auto Accident (State _____) Other _____

Social Security # _____ Date of Birth ____/____/____ Single Married

Work Status: Currently Employed: Retired Disabled (__Total or __Temporary) Student (__P/T __F/T)

2. Referral Info

ALL INFO REQUIRED

How did you hear about us?

If by a friend or family member, please give their phone number and address below that we may send a thank you note and small gift.

Primary or Referring Physician Name

Street Address

City State Zip

Phone Fax

Email Address

Do you have a followup appointment with this physician? _____

If yes, when? _____

3. Payment Info

(check only one box)

I am paying by CASH, CHECK, CREDIT and would like a . . .

- 30% discount by paying at the time of service.
- Payment plan. Fees may apply.

I have INSURANCE and would like to . . .

- Have you deal directly with them. I will assign my benefits to you by completing the "Assignment of Benefits Form". Fees may apply. The following information is required prior to 1st visit.

My coinsurance/copy is \$ _____

My deductible is \$ _____

- Get a 30% discount by paying the entire bill at the time of service. I'll get reimbursement on my own. (Ask the front desk person for details)

I have an ATTORNEY and would like to . . .

- Get a 30% discount by paying up front. I'll get reimbursed after my case settles.
- Wait until my case settles before paying. I will complete the "Attorney Lien" form. Fees may apply.

4. Credit Card on File

Safe and Secure. I understand I will be notified of any and all charges prior to processing.

__Visa __MC __AmerX __Discover Card # _____

Name on Card _____ Exp Date _____ CVV code _____

I have read and agree to all the policies on the back of this form. Signed _____