

Pacific Water Therapy

NEW PATIENT INFORMATION

Name: _____
Last First

Address: _____ City, State, Zip _____

DOB: _____ SS#: _____ Email: _____

Phone Numbers: _____ (Home) _____ (Work)
 _____ (Cell) _____ (Fax)

Emergency Contact: _____ Phone _____

Who can we thank for your referral? _____

Name of the Insured: _____ Insured's DOB: _____

Insured's Employer: _____ Member ID#: _____ Group#: _____

Diagnosis: _____

Referring Physician: _____ Phone _____

X-Ray Y or N MRI Y or N Date Last Seen By Physician _____

Benefits verified by _____ on _____ at _____

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Is GOST IN Network for PT? | YES | NO |
| Referral or Pre-cert Required? | YES | NO |
| # for pre-auth is: | | |
| Referral/Authorization #: | | |
| Effective dates: | | |
| # of visits authorized: | | |
| COVERAGE | In-network | Out-of-network |
| Effective Date for Policy | | |
| Deductible | | |
| \$ of deductible met | | |
| Deductible based on calendar year? | | |
| % paid by insurance after ded met | | |
| Max out of pocket | | |
| Co-pay or Co-insurance amt per visit | | |
| RESTRICTIONS | | |
| # visits allowed | Per year: Per diagnosis: | Per year: Per diagnosis: |
| Maximum \$ amt per visit | | |
| Maximum \$ amt per year | | |
| Procedures/modalities not covered: | | |
| Limited # of procedures/modalities per visit: | | |
| Medicare Patients: Has anyone recently or is anyone currently coming to your house to check your blood pressure, monitor wounds or diabetes, or any other services? YES NO | | |

Insurance Carrier: _____

Billing Address: _____

Phone: _____ Fax: _____

Case Manager's Name: _____ Phone/Fax: _____

I have been given my insurance benefits and fully understand my responsibility. I understand that I am encouraged to contact my insurance company to verify that the benefits quoted to Pacific Water Therapy are correct. Pacific Water Therapy is not responsible for misquoted insurance benefits.

Signature of Patient and/or Legal Guardian _____