Apex
Physical Therapy & Wellness Center

Updated Patient Information

First Name: _____ Middle Initial: _____ Last Name: _____

Is this visit due to an accident? ☐ No ☐ Yes

If yes, please circle: Worker's Compensation Auto Third-Party Liability

Have there been any changes in your personal information?

Personal Insurance: ☐ No ☐ Yes _____

Address: ☐ No ☐ Yes _____

Phone Number: ☐ No ☐ Yes _____

Legal Name: ☐ No ☐ Yes _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Primary Doctor: _____ Clinic Name: _____ Date Last Seen: _____

- I hereby authorize Apex Physical Therapy and Wellness Center to provide treatment that will be discussed with me and agreed upon by bother parties following the initial visit or that is authorized by my physician.
- I hereby assign all insurance benefits (or services render to which I am entitled) to Apex Physical Therapy and Wellness Center. I realize that if my third-party payer/insurance company denies my charges or makes partial payment, that I am responsible for the balance.
- I hereby authorize the release of medical records and other pertinent information regarding safe and effective treatment of my condition to Apex Physical Therapy and Wellness Center for the provision of care and for obtaining insurance reimbursement.
- I hereby authorize Apex Physical Therapy and Wellness Center to contact the emergency contact I have listed above if they feel I am unable to make safe and sound decisions.

Does not apply to Worker's Compensation or Auto Accident Patients

- I understand that I am legally responsible for payment to Apex Physical Therapy and Wellness Center for all services rendered. If my insurance is being billed, I will be responsible for any remaining balance (co-insurance) and all co-payments/deductible amounts. I also acknowledge that all co-payments are due at the time of service.

_____ **Please initial that you have received the HIPAA information.**

Due to HIPPA and confidentiality requirements, please read and check the appropriate places.
It is ok to speak with or leave messages regarding my appointments with anyone at/on my:
☐ Home ☐ Cell ☐ Answering Machine
Is there anyone that you do not want us to leave a message with regarding appointments? ☐ No ☐ Yes: _____

Patient Signature: _____ Date: _____

Patient Guardian Signature: _____ Date: _____