

# PT N' PLAY Physical Therapy Inc.

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## PATIENT INSURANCE INTAKE FORM:

Patient

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Sex: \_\_\_\_\_ M \_\_\_\_\_ F

Phone #: H (\_\_\_\_\_) \_\_\_\_\_ C (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Do you have a prescription for PT? Yes      No

### PRIMARY INSURANCE INFORMATION:

Ins co. \_\_\_\_\_

Ins Phone # \_\_\_\_\_

Insured Name: \_\_\_\_\_

Pol # \_\_\_\_\_

GRP# \_\_\_\_\_

Insured's SS#: \_\_\_\_\_

Insured DOB: \_\_\_\_\_

### SECONDARY INSURANCE INFORMATION:

Ins co. \_\_\_\_\_

Ins Phone # \_\_\_\_\_

Insured Name: \_\_\_\_\_

Pol # \_\_\_\_\_

GRP# \_\_\_\_\_

Insured's SS#: \_\_\_\_\_

Insured DOB: \_\_\_\_\_