



Life Strength Physical Therapy, Inc.
110 West Road, Suite 105
Towson, MD 21204
Phone 410-321-4901
Fax 410-321-4903

- New Patient
Insurance Change
Address Change
Change in Marital Status

Today's Date
Physical Therapist

CONFIDENTIAL PATIENT INFORMATION

The Federal Health Insurance Portability and Accountability Act (HIPAA) established federal guidelines that require Life Strength Physical Therapy to maintain the privacy of your protected health information.

Patient Name DOB Sex SS#
Address
City State Zip
Telephone (H) (W) (C)
Patient E-Mail Address

Marital Status (Please Circle) Single Married Divorced Widowed

Emergency Contact Name: Phone #:

Referring Doctor Name and Phone #:

INSURANCE INFORMATION

Primary Insurance Company
Policy# Group#
Policy Holder
Relationship to patient Policy Holder's SS#
Policy Holder's DOB Effective Date

Secondary Insurance Company
Policy# Group#
Policy Holder
Relationship to patient Policy Holder's SS#
Policy Holder's DOB Effective Date

ASSIGNMENT OF BENEFITS: I understand that I am responsible for the accuracy of the information on this form. If for any reason payment cannot be received from my insurance company(s), I will be held directly responsible for all fees incurred with Life Strength Physical Therapy, Inc.

AUTHORIZED SIGNATURE DATE