



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

Patient Name _____ DOB _____ Sex _____ SS# _____
 Marital Status (Please Circle) Single Married Divorced Widowed
 Address _____
 City _____ State _____ Zip _____
 Telephone (H) _____ (W) _____ (C) _____
 Emergency Contact _____
 E-Mail Address _____
 Employer Name _____
 Employer Address _____
 Reason for Visit _____
 Referring MD 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. I authorize payment of medical benefits to the provider or supplier for all services rendered if the provider of services is a participating provider with my insurance. I also authorize the release of any medical or other information necessary for the processing of claims.

AUTHORIZED SIGNATURE _____ DATE _____