peake
physical therapy

New Patient Information

Name: _____ **Date of Birth:** _____ **Gender**:_____

Address: _____ **City:** _____ **State:**_____ **Zip:** _____

Tel # Home: _____ **Work:** _____ **Cell:** _____

Email: _____

Physician: _____ **Occupation:** _____

Reason for visit: _____

Is the injury related to: Work Injury _____? Auto Accident _____?

Emergency Contact: _____ **Emergency contact phone:** _____

How did you hear about us? (circle one): *Friend/Family Print Ad Website Physician Former patient*

If you were referred by a family member, friend, or former patient, whom may we thank? _____

Insurance Information

Insurance Company Name: _____ **ID #:** _____

Group #: _____ **Policyholder Name:** _____

Policy Holder Date of Birth: _____ **Relationship to patient:** _____

Credit Card Policy

Collection of payment for copay, coinsurance, or deductible as deemed necessary by the insurance company after reviewing benefits for the services provided may be obtained by credit card. Credit card information can be stored securely in the payment processing system and charged for recurring payments of copay, coinsurance, or deductible amounts. Signing below will authorize information storage and automatic payment through credit card for the amount deemed necessary after insurance plan processing.

Printed Name: _____ **Signature:** _____ **Date:** _____

Cancellation Policy

We realize that emergencies and other scheduling conflicts arise and are sometimes unavoidable, however, advance notification allows us to fulfill other patients' scheduling needs and keeps the clinic operating at its most efficient level. If you are unable to keep an appointment, kindly give 24 hours' notice. If you are unable to comply but can reschedule the appointment the end of the week, no fee will be incurred. Repetitive cancellations or failures to show for appointments will result in a $25 fee. Please note: this is your responsibility; insurance companies do not reimburse for missed appointments.

Patient Acknowledgement/Signature: _____ **Date:** _____