

REASON FOR TODAY'S VISIT

Please give a brief description of why you are here today.

Date of injury or onset:

Where and how did this injury occur?

Did this injury happen on the job?  Yes  No

Dates lost from Work:

Were you involved in an automobile accident?  Yes  No

PATIENT AUTHORIZATION

I, \_\_\_\_\_, hereby authorize Orthopedic & Sports Physical Therapy to apply for benefits on my behalf for covered services rendered at Orthopedic & Sports Physical Therapy. I request that payment of authorized Medicare benefits and/or \_\_\_\_\_ be made to Orthopedic & Sports Physical Therapy on my behalf for any services furnished me by the physician or supplier.

I request that payment of authorized Medigap benefits be made either to me or on my behalf to Orthopedic & Sports Physical Therapy for any services furnished me by that physician/supplier. I authorize any holder of Medicare information about me be to \_\_\_\_\_ any information needed to determine these benefits payable to related services.

I certify that the information I have reported with regard to my insurance coverage is correct and further authorize the release of any necessary information, including medical information for this or any related claim, to Blue Cross & Blue Shield of the National Capitol area and/or \_\_\_\_\_ and/or the above name billing agent, or in case of Medicare Part B benefits, to the Social Security Administration and Health Care Financing Administration. I permit a copy of this authorization to be used in place of the original. This authorization may be revoked by me at any time in writing. I understand that I may also be assessed finance charges on any overdue balance.

In addition, I agree that if my account is placed for collection with a third party I will be responsible for reasonable collection costs which may include but are not limited to: court costs, attorney fees, collection agency fees, etc.

\_\_\_\_\_  
Patient Signature-Parent Signature if under 18

\_\_\_\_\_  
Identification No.

\_\_\_\_\_  
Date