

Patient Intake Form

PATIENT INFORMATION/FINANCIAL LIABILITY

Patient Demographics: Please review, and if necessary, correct the pre-printed information.

Initial: _____

Financial Liability: I have reviewed my plan coverage for PT services rendered at Agile Physical Therapy, Inc., and understand that I am financially liable for all upfront payments, and any balanced billed amounts due up to the full billed amount.

Initial: _____

Were you referred to a specific therapist? Please list their name: _____

How did you hear about Agile Physical Therapy?: _____

HIPAA: PATIENT PRIVACY

I have reviewed the Notice of Privacy Practices from Agile Physical Therapy, Inc.

Initial: _____

I authorize Agile Physical Therapy, Inc. to discuss my appointments, financial & medical data with:

Name: _____ Relationship: _____

Phone: _____ Email: _____

EMERGENCY CONTACT

Name: _____ Number: _____

ASSIGNMENT OF BENEFITS

I authorize Agile Physical Therapy, Inc. to furnish to my insurance carrier(s) any and all information concerning my healthcare, and authorize my insurance carrier(s) to pay Agile Physical Therapy, Inc. directly.

Initial: _____

CONSENT TO TREAT

I give Agile Physical Therapy, Inc. consent to treat my medical condition and to release related information to my physician and insurance company, if necessary.

Initial: _____

CANCELLATION POLICY

We kindly request your cooperation in providing us with **48-hours notice** should you need to cancel your appointment. Our policy will allow a one-time courtesy "No Show/Late Cancellation", however going forward the first "No Show/Late Cancellation" will incur at **\$125 fee**, and every "No Show/Late Cancellation" thereafter will incur a **\$250 fee**.

Initial: _____

SIGNATURE

Print Patient Name: _____

Patient/Guardian Signature: _____ Date: _____