



New Patient Demographic Information

First Name: _____ MI: _____ Last Name: _____ Title: _____
Address: _____ City/State/Zip: _____
Date of Birth: ____/____/____ Gender: Male Female Marital Status: _____
Social Security #: _____ - _____ - _____ Email Address: _____
Credit Card Info: Visa / Mastercard # _____ Exp _____
 Please charge my patient balance to my credit card weekly.

	OK to Call	Best Time To Call
Home Phone: (____) _____ - _____	<input type="checkbox"/>	_____
Work Phone: (____) _____ - _____	<input type="checkbox"/>	_____
Other Phone: (____) _____ - _____	<input type="checkbox"/>	_____

Occupational Information

Employer Name: _____
Address: _____ City/State/Zip: _____
Days Per Week: _____ Hours Per Day: _____
 Full-time ___ Outside of home ___ from home Part-time ___ Outside of home ___ from home
 Working with modification in job because of current illness/injury Not working because of current illness/injury
 Homemaker Retired Unemployed Student ___ Full-time ___ Part-time
List job duties: _____

Education Level:

Less than high school Some high school High school graduate
 Attended or graduated from technical school Attended College, did not graduate College graduate

Other

Emergency Contact: _____ Phone: _____
Address: _____ City/State/Zip: _____

How did you hear about us?

Former Patient - specify _____ Other - specify _____
 Friend – Word of Mouth -specify _____ Physician Employer Insurance Co.
 Case Manager Hospital Self Attorney School
 Screens/Open Houses Marketing Ad – Print Marketing Ad – Direct Mail/Email

Insurance: (Additional Information on Eligibility/Verification Form)

Worker’s compensation Self-Pay HMO/PPO/private insurance Medicare Medicaid Auto

Attorney Contact: _____



Moore-Patient Contract

We live by our vision that we are Proactive Health Professionals Enhancing Physical Performance. It is our promise to assist you with all of our resources to allow you to reach your health goals.

In turn, as a client of Moore, you also promise to invest in yourself and this commitment, to work with us to achieve your goals.

Physical therapy is a commitment. It is important to understand that success does not happen overnight. The time frames and goals of this therapeutic process will be reassessed weekly.

It is important to be realistic with regards to your expectations of us and of yourself. We want to work with you to create realistic goals to be realized within realistic time frames.

You may choose to stay with only one therapist or multiple therapists during your rehab with Moore. Either way it is your responsibility to coordinate this with the front office when scheduling your appointments.

Office Procedures

Notice of Privacy Practices

I hereby acknowledge that I have been made aware of Moore’s Privacy Practices. I further acknowledge that a copy of the current notice is available at the front desk, and that I may request a copy of any amended Notice of Privacy Practices at any time.

Authorization to Release / Obtain Information

I hereby authorize the release of any and all information to my insurance company or other appropriate party, as required, pertaining to treatment rendered to me by Moore. Further, I authorize Moore to obtain needed information from my physician, employer or insurance. This correspondence can be made via mailings, telephone and/or facsimile.

Payment / Insurance Eligibility

Payment is due at the time of treatment. Verification of benefits is NOT a guarantee of payment. Payment is determined at the time a claim is received. We provide you with the information as it is outlined by your insurance company. It is your responsibility to fully understand your insurance benefits. All unpaid & undisputed balances over 30 days will be charged to the credit card provided at registration. We reserve the right to charge interest on any balance that exceeds 30 days.

Appointments / Cancellations

We advise you to schedule your appointments in advance. Maintaining a consistent schedule ensures your best outcome for a speedy recovery. We expect you to keep all of your appointments with Moore and require 24 hours notice if you are unable to keep an appointment. **Failure to show up for an appointment or cancel within 24 hours will result in a \$45.00 charge.** These charges are not reimbursed by any insurance company.

Initial _____

Additional Fees

A \$35.00 service fee will be imposed for any check returned for any reason. If in the event my account is referred to a third party for collection purposes, I will be responsible for all charges up to the statutory limit.

Cell Phone Use

It is requested that while in the clinic you will avoid using cell phones.

Patient or Guardian’s Signature

_____/_____/_____
Date