

Mission Valley Physical Therapy
51657 US HWY 93, Polson, MT 59860

PATIENT INFORMATION

Name: _____ Sex: M () F () Birthdate: _____

Last Name First Name MI

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

Mailing Address (if different from above): _____

Home Phone: () _____ Cell Phone: () _____ SSN: _____

Email address: _____

How would you like to receive appointment reminders? Text () Email () Phone Call ()

Employer: _____ Occupation: _____ Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Who can we thank for referring you to us? _____

INSURANCE INFORMATION

Please give your insurance card(s) to front desk to be copied. Thank you!

Responsible party to be billed for services: _____

Is This An Accident Claim? Y / N

Date of Accident/Injury: _____ How did it happen? Auto () Work () Other ()

Insurance Company: _____ Adjuster: _____

Claim Number: _____ Attorney's Name: _____

Please read the important information below and sign/date both boxes:

Consent to Treatment

I consent to examination, treatment and procedures which may be performed during office visits considered necessary by the physical therapist.
I authorize the release of any medical information necessary to determine benefits payable for insurance claims for services rendered and agree that all proceeds of insurance are assigned to this office where applicable.
I understand that I am financially responsible for all charges whether or not paid by my insurance.
I understand that it is my responsibility to know the provision of my insurance policy.
This agreement shall be construed in accordance with the laws of the State of MT and it he undersigned submits to personal jurisdiction of the District Court in Lake County, Montana.

Patient or Guardian Signature: _____ **Date:** _____

Notice of Privacy Practices For Protected Health Information

I Have been given a copy of this notice and have had a chance to ask questions about how my personal health information will be used. I know that I can contact the Privacy Official at **406-883-6863** if I have further concerns.

Signature: _____ **Date:** _____

