HAYES PHYSICAL THERAPY
238 MAIN STREET
EAST SETAUKET, NY 11733

ph (631) 246-6072
fax (631) 246-6074

PATIENT REGISTRATION AND INFORMATION FORM

LAST NAME: _____ FIRST NAME_____
ADDRESS: _____
CITY: _____ ZIP CODE: _____
SOCIAL SECURITY #: _____ GENDER: _____
HOME PHONE: _____ MOBILE:_____
DATE OF BIRTH:_____MARITAL STATUS:_____
HOW DID YOU HEAR ABOUT HAYES PT?:_____
REFERRING MD:_____ MD'S PHONE: _____
EMAIL ADDRESS? _____
EMPLOYER:_____
WORK ADDRESS: _____
WORK PHONE: _____

I hereby authorize one or all of the designated parties below to request and receive the release of any protected health information regarding my treatment, payment or administrative operations related to my treatment, payment, or administrative operations related to my treatment and payment. I understand that the identity of designated parties must be verified before the release of any information.

Authorized designee names and relationship: _____

_____

- I understand that it is my responsibility to know the limitations and rules of my insurance policy and hat if the provider does not receive payment in full from the insurance carrier, I am responsible for the remaining balance of the providers charges.
- I hereby authorize Hayes PT, PC to release any information acquired in the course of my examination or treatment. I hereby authorize photocopies of this information to be valid as original.
- I hereby authorize the insurance carrier to pay directly to Haye PT benefits due to me out of indemnity under the terms of the policy issued by the carrier.
- I hereby authorize Hayes PT to mark the section "AUTHORIZED PERSON'S SIGNATURE" with the notation "SIGNATURE ON FILE". I also give my consent for Hayes PT to provide physical therapy services.
- I request that payment of the authorized Medicare benefits be made to me or on my behalf to Hayes PT for services furnished to me by the provider. I authorize any holder of medical information about me to release to the healthcare financing administration and its agents any information needed to determine these benefits or the benefits for related services.