ACCESS
Physical Therapy, LLC

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Sumter, South Carolina 29150
P: (803) 774-2781 F: (803) 774-2782

Name _____

Address _____ City _____ State ____ Zip Code _____

Date of Birth: _____ Age: _____ ☐ Female ☐ Male

Home Phone: _____ Cell Phone: _____

Text appointment reminders? ☐ Yes ☐ No If yes cell number: _____

May we leave a detailed message if we are unable to contact you? ☐ Yes ☐ No

Email Billing Statements? ☐ Yes ☐ No Email address: _____

Marital Status: ☐ Single ☐ Married ☐ Other

Primary Care/Referring Physician _____

Whom may we contact in case of an emergency? _____
Phone #: _____ Relationship _____

Are you currently employed? ☐ Yes ☐ No Employer _____
Occupation _____

Insurance Information

Primary Insurance _____ ID # _____
Policy Holder's Name _____ Relationship _____

Secondary Insurance _____ ID # _____
Are you covered under any other healthcare plan? ☐ Yes ☐ No

Who is responsible for this bill? _____

I have received services by another provider for which I seek treatment today and I will promptly disclose any necessary information to my insurance carrier necessary to resolve any issues they may have. I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance of my account for any professional services rendered. I have read all the information on this sheet and have completed the above answers. I certify that this information is true and correct to the best of my knowledge and will notify you of any changes in my status or the above information.

Signature _____ Date _____