Kathleen Ingalls, D.P.T.
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INTAKE & CONSENT

NAME ______________________________ M/F AGE ___ DOB _____ SS # ____________________

Parent/Guardian if patient is a minor ____________________ **DOB** _________ **SS #** __________________

MAILING ADDRESS ____

(Street) (City) (State) (Zip)

HOME PHONE # _______________ E-MAIL ADDRESS ________________________________

CELL PHONE # ________________ WORK PHONE # _____________ Preferred Contact Method? _______

OCCUPATION ________________ EMPLOYER _______________________ Currently working? _______

PHYSICIAN ____________________________ REFERRING PERSON ______________________________

EMERGENCY CONTACT ____________________ RELATION ____________ PHONE # ______________

CLAIM INFORMATION: Self Pay (no insurance) Health Insurance Attorney/litigation

(please circle one) Workman's Compensation Auto Accident Other

A Copy of your insurance card(s) will be taken upon your first session

It is YOUR RESPONSIBILITY to know your Physical Therapy Benefits, CALL your insurance

WORKMAN'S COMP / AUTO ACCIDENT:

CLAIM MANAGER ____ PHONE # _______________

CLAIM # ______________________________________ DATE OF INJURY/ACCIDENT _______________

LITIGATION:

ATTORNEY'S NAME ____ PHONE # _______________

ADDRESS ____ FAX # _______________

I HEREBY CONSENT TO PHYSICAL THERAPY TREATMENT UNDER THE CARE OF KATHLEEN INGALLS, DPT & MINDFUL MOTION PHYSICAL THERAPY & WELLNESS, Inc. I agree to pay for all services rendered, whether they are covered or paid by my insurance or not. I authorize the release of medical records to ensure payment of claims. I understand that I am responsible for any deductible, co-payments, or denial from my insurance. I realize it is ultimately my responsibility to be sure payment is received by the office. In the event of MMPT contracting a collection agency for unreceived payment, all related costs will be my responsibility. MMPT has a 24 hour cancellation policy and I am responsible for the cost of services if I cancel within 24 hours of my scheduled session.

Patient/Parent/Guardian Signature____Date_______________