



# CACTUS SPORT & SPINE, P.C.

Therapist: \_\_\_\_\_ Acct #: \_\_\_\_\_ Date/Time of Evaluation: \_\_\_\_\_

## PATIENT INFORMATION

Name: \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

E-Mail: \_\_\_\_\_ SSN# \_\_\_\_\_ D.O.B. \_\_\_\_\_ Marital Status \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt # City State Zip

Employer Name/Address \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Referring Physician \_\_\_\_\_

Diagnosis or Chief Complaint \_\_\_\_\_

## IN CASE OF EMERGENCY WHO SHOULD WE CALL?

Name: \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

## INSURANCE INFORMATION/VERIFICATION

Insurance Name \_\_\_\_\_ HMO PPO POS WC AUTO Injury Date \_\_\_\_\_

Insurance Phone# \_\_\_\_\_ Policy/Group # \_\_\_\_\_ ID/Claim# \_\_\_\_\_

Insured Name \_\_\_\_\_ SSN \_\_\_\_\_ D.O.B. \_\_\_\_\_

Adjustor Name \_\_\_\_\_ Phone # \_\_\_\_\_

Date Verified \_\_\_\_\_ Verified by \_\_\_\_\_ Person giving info \_\_\_\_\_ Effective Date \_\_\_\_\_

### IN NETWORK

Deductible \_\_\_\_\_ Met \_\_\_\_\_ CoPay \_\_\_\_\_

% Insurance \_\_\_\_\_ Out of Pocket \_\_\_\_\_

Limitations \_\_\_\_\_

### OUT OF NETWORK

Deductible \_\_\_\_\_ Met \_\_\_\_\_ CoPay \_\_\_\_\_

% Insurance \_\_\_\_\_ Out of Pocket \_\_\_\_\_

Limitations \_\_\_\_\_

Special Instructions / UR Process \_\_\_\_\_

**Terms of Agreement:** The following terms are based on information given to us at the time of evaluation. If you have any questions regarding the accuracy of these terms please contact your insurance company.

**Acknowledgement:** I (the undersigned) acknowledge the Privacy Notice as presented by Cactus Sport and Spine. I acknowledge that I may discuss or disagree with the Privacy Notice and this will not interfere with my treatment.

**Assignment of Benefits:** This is a direct assignment of my right and benefits under this policy. In the event the insurance company makes check(s) payable to me, I will endorse the check(s) and present them to the bookkeeper within 7 days of receipt.

Signature (Patient/Guardian) \_\_\_\_\_ Date \_\_\_\_\_