LEE MILLER REHAB PATIENT REGISTRATION INTAKE: CATONSVILLE CROSSROADS (CIRCLE ONE)

PATIENTS NAME_____DATE OF BIRTH_____/_____/_____

ADDRESS_____ZIPCODE_____SOC SEC#_____

HOME#_____ WORK#_____ CELL#_____
DO YOU CURRENTLY RECEIVE HOME HEALTH CARE? YES/NO

REFERRING DR. NAME_____PHONE#_____
REFERRING DRS ADDRESS_____NPI#_____

DATE OF ACCIDENT_____/_____/_____ATTY NAME/PHONE:_____

WORKERS COMP/AUTO_____
(ADJUSTER NAME/PHONE#)

DIAG/CHIEF COMPLAINT_____SURGERY DATE:_____
(CALL FOR X-RAY/MRI/OPERATIVE REPORT/PROGRESSNOTE)_____

APPT DATE:_____APPT TIME:_____VERFIED DATE/BY:_____

COVERED PT **YES____NO____**	**PRIMARY INS CO. NAME**	**SECONDARY INS CO. NAME**	**TERTIARY INS. CO. NAME**
ACTIVE **YES____NO____**	**BILLING ADDRESS:**	**BILLING ADDRESS:**	**BILLING ADDRESS:**
EFFECTIVE **DATE / /**	**PHONE:**	**PHONE:**	**PHONE:**
	ID#	**ID#**	**ID#**
REP NAME	**INSURED NAME(OTHER THAN PATIENT)** **RELATIONSHIP:**	**INSURED NAME(OTHER THAN PATIENT)** **RELATIONSHIP:**	**INSURED NAME(OTHER THAN PATIENT)** **RELATIONSHIP:**
	INSURED DOB/EMPLOYER	**INSURED DOB/EMPLOYER**	**INSURED DOB/EMPLOYER**
REFERRAL	**REFERRAL REQD** **YES____NO____**	**REFERRAL REQD** **YES____NO____**	**REFERRAL REQD** **YES____NO____**
VISITS	**VISIT #** **VISITS USED**	**VISIT #** **VISITS USED**	**VISIT #** **VISITS USED**
COVERAGE YEAR	**CALENDAR YEAR** **PLAN YEAR**	**CALENDAR YEAR** **PLAN YEAR**	**CALENDAR YEAR/** **PLAN YEAR**
PRECERT **CO. NAME** **PHONE#**	**PRECERT** **YES___NO___**	**PRECERT** **YES___NO___**	**PRECERT** **YES___NO___**
DED AMOUNT **DED MET**	**$** **$**	**$** **$**	**$** **$**
OOP AMOUNT **OOP MET**	**$** **$**	**$** **$**	**$** **$**
COPAY **(PER VISIT)**	**$**	**$**	**$**
COINSURANCE AMT **% / PATIENT** **RESPONSIBILITY %**	**% / %**	**% / %**	**% / %**

My demographics & benefits have been verified and explained to me:_____SEAL)
(Patient signature or responsible party and date)

***Email address:_____**

***How did you hear about our practice? doctor, friend, internet, previous patient (please circle one)Other:_____**