DYNAMIC PHYSICAL THERAPY SERVICES P.C.
43-43 KISSENA BLVD, FLUSHING, NY 11355
Phone: 718 661 1710. E-mail: dynamicpt@gmail.com

WELCOME FORM

Thank you for choosing Dynamic Physical Therapy Services. P.C. In order to help us keep complete records and submit accurate bills to your insurance company, please assist us by providing the following information

PATIENT INFORMATION

PATIENT: _____ DATE OF BIRTH: _____

ADDRESS: _____

CELL PHONE#: _____ HOME / WORK PHONE#:_____

SOCIAL SECURITY #: _____ • MALE • FEMALE

EMERGENCY CONTACT: _____ PHONE: _____

EMAIL: _____

+

INSURANCE INFORMATION

• PRIMARY • COMMERCIAL • LOCAL UNION

NAME OF INSURANCE: _____ PHONE: _____

INSURED'S NAME: _____ DATE OF BIRTH: _____

INSURED SS#:_____ ID # ON CARD: _____

EMPLOYER: _____ GROUP#:_____

SECONDARY • WORKERS COMP • NO FAULT DATE OF INJURY: _____

POLICY#: _____ INSURED: _____

PERSONAL HANDLING CASE: _____ PHONE#: _____ EXT: _____

REFERRING DOCTOR: _____ PHONE# _____

PRIMARY CARE DOCTOR: _____ PHONE# _____

SIGNATURE: _____ DATE: _____
(If minor, signature of parent or guardian