



INITIAL CONTACT FORM

Name: _____ Date of Birth: _____

Address: _____ Sex at Birth: Male / Female (please circle)

_____ Pronouns: she/her he/him they/them other

Home phone: _____ SSN (required for VA patients): _____

Cell phone: _____ Work phone: _____

Appointment Reminders: Yes / No E-Mail: _____
Text / Email / Call

Have you had any Physical, Occupational, or Speech Therapy OR Chiropractic visits this calendar year (here or elsewhere)?

If yes, how many? _____

FOR WORKER'S COMP & AUTO ACCIDENTS: Case # _____

D.O.I. _____

Employer & Address: _____ Ins. Name: _____

Insurance Contact/Adjuster: _____ Phone # _____

Payment Policy For Insurance Plans with High Deductibles

As a courtesy, we check insurance eligibility and benefits and will notify you if we discover that you have a high deductible. However, some less common and out of state insurance companies are almost impossible to contact and **it is ultimately your responsibility to know your own insurance benefits.**

If you have a high deductible health insurance plan, we will hold you responsible for paying the contracted amount per visit until your deductible is met. The contracted amount will vary according to the insurance company as well as the individual plan that you have chosen. The exact amount per visit will not be calculated until after the charges for your visit are submitted to your insurance company. **If you have a high deductible (over \$500), a payment of \$75 for that visit must be made at the time of service.** Because it is an estimate, it will most likely be less than the actual contracted amount, and you should expect a bill for the remainder within 1-3 months of the date of service. **Co-pays and some co-insurances are also due at time of service.**

Please note Medicare beneficiaries have an annual deductible and require 20% coinsurance once met.