



Pine Lake Physical Therapy & SPORTS REHAB. P.S.

2850 228th Avenue S.E. Suite B ° Sammamish, WA 98075

Phone: 425-391-4488 Fax: 425-391-8287

www.pinelakept.com

TODAY'S DATE: ___/___/_____

PATIENT NAME - LAST: _____ FIRST: _____ MIDDLE INITIAL: _____

MAILING ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS (**Bills are sent out via email) _____

HOME PHONE: (____) ____-_____

CELL PHONE: (____) ____-_____

PLEASE CHECK HOW YOU WOULD PREFER APPOINTMENT REMINDERS

EMAIL TEXT MESSAGE PHONE CALL NO REMINDERS PLEASE

AGE _____ DATE OF BIRTH ___/___/_____ Male Female Other Prefer not to say

**WAS THE INJURY CAUSED BY AN ACCIDENT WHICH WAS NO FAULT OF THE PATIENTS?
(YES/NO)**

IF YES: NO ACCIDENT AUTO ACCIDENT WORK RELATED ACCIDENT OTHER

CLAIM # _____ COMPANY OR AGENCY: _____

COMPANY/AGENT PHONE # _____

So we can continue to provide quality care to you and our patients in their recovery,

we ask 24 hours' notice for cancellation.

We reserve the right to charge a \$120 fee if the policy is broken. Thank you!

AUTHORIZATIONS

- ✓ I hereby give my consent to Pine Lake Physical Therapy & Sports Rehab, P.S. to provide Physical Therapy services on an ongoing basis as prescribed by my Physician.
- ✓ This authorization or its photocopy will authorize the release and receipt of any medical information necessary for treatment and/or to process claims for services rendered by this provider.
- ✓ I authorize the Physical Therapist and Staff to provide services as outlined under the state and federal laws and regulations.
- ✓ I understand that the Physical Therapist may contact the other medical care providers to communicate information regarding this service.
- ✓ Should I choose as a patient of PLPT to have my minor children accompany me to any appointment I release PLPT Staff from any responsibility for the health and welfare of said child during my treatment at their facility.
- ✓ Services may be discontinued at anytime I so choose. My rights include, but are not limited to RCW 70.127.140. Any grievance should be addressed to Ron D. Enyeart or Cynthia A. Enyeart @425-391-4488, fax 425-391-8287 or by mail at: 2850 228th Ave. SE Suite B Sammamish, WA 98075.
- ✓ I understand that I am responsible for all charges incurred for services rendered and Pine Lake Physical Therapy & Sports Rehab, P. S. cannot guarantee benefits provided by my health care insurance.
- ✓ I request and authorize my insurance company and/or Medicare/Medicaid to make payments of authorized benefits on my behalf to Pine Lake Physical Therapy & Sports Rehab, P.S. My responsibility and insurance coverage for copayment has been explained to me.
- ✓ I have read the **Notice of Privacy Practices** that addresses all procedures and practices that this clinic and its professional, support and administrative staff follow to protect the privacy of my **Health Information**.

Patient or Responsible Party

Signature Date Signed

****We sincerely appreciate you choosing Pine Lake Physical Therapy for your rehabilitation needs. Is there anyone we might thank, other than your referring physician, for pointing you in our direction?*****

Name: _____