

HEIM PHYSICAL THERAPY

Matthew T. Heim, DPT
 Thomas DeRosa, DPT
 460 County Road 111, Suite 15
 Manorville, NY 11949
 Tel: 631.909.8712 • Fax: 631.909.8714
 Email: manorville@heimpt.com

NO FAULT PATIENT INTAKE FORM

Patient Name:		DOB:	Date:	
Street:	City:		State:	Zip:
Home Phone:	Work Phone:	Cell Phone:		

PLEASE NOTE: Failure to provide us with the appropriate claim information requested below and/or failure to file a claim with your insurer will necessitate us requiring payment from you at the time services are rendered.

PATIENT INFORMATION:

Date of Accident/Injury: _____ Time of Accident: _____

Was an automobile involved with your injury: Yes No

Were you the Passenger or Driver: _____ Are you the vehicle owner: Yes No

If NO, who is the vehicle owner: _____

INSURANCE INFORMATION:

No Fault Insurance Carrier Name: _____

Address: _____

Contact Person's Name: _____ Phone: _____

Policy Holder's Name: _____

Policy #: _____

AUTHORIZATION, ASSIGNMENT AND RELEASE

I hereby authorize payment of automobile No-Fault benefits directly to *Jefferson Sports Physical Therapy d.b.a. Heim Physical Therapy, PC*, but not to exceed the balance due to the medical institute's permissible charge under Article 18 of the Insurance Law for services rendered. I hereby authorize the provider of these services to release any medical records relating to my claim to my insurer liable for payment of such claim and/or my attorney.

I understand that I am personally responsible for the payment of the charges not covered, including but not limited to denied or exhausted benefits.

X _____
 Patient Signature Date