Northern Westchester-Putnam Physical Therapy, P.C.

Maryann C. Russo M.S., P.T. & Associates

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3535 Hill Blvd, Suite P
Yorktown Heights, NY 10598
Telephone (914) 962-2728
Fax (914) 962-1729

PATIENT INFORMATION

Name: _____
Last First M

Address: _____

_____

Home phone: _____ Work phone: _____ Cell Phone: _____

Emergency Contact name/phone number: _____

Married? Y____ N ____ Employed? Y____ N ____

Student? Full-time ____ Part-time ____ No ____

Soc. Sec. # : _____ Birthdate: _____

Sex: M F

Referring Dr: _____ Diagnosis: _____

Frequency: _____

INSURANCE INFORMATION

Insurance Type (Circle one):	Provider	W/C	N/F	Self-Pay
		Primary		Secondary
Carrier:				
Address:				
Phone:				
Name of Insured:				
Relation to patient:				
Insured's birthdate:				
Insured's SSN:				
Insured's employer:				
ID number:				
Group Name/number:				

ASSIGNMENT OF BENEFITS

I hereby authorize payment directly to **Northern Westchester-Putnam Physical Therapy** of all insurance benefits otherwise payable to me for the services rendered. I understand that I am financially responsible for all charges, whether or not paid by insurance, and for all services rendered on my behalf or my dependents.

I authorize the above doctor and / or any provider or supplier of services in this office to release the information required to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Signature of Responsible Party _____ **Date:** _____