FYZICAL
Therapy & Balance Centers

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Northbrook, IL 60062
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northbrook@fyzical.com

Patient Registration

Name (Last):_____ (First)_____(Middle):_____

Spouse's (Last):_____(First):_____(Middle):_____

Address:_____City:_____State:____Zip:_____

Day Phone: (____)_____Evening: (____)_____ Cell Phone: (____)_____

Email address:_____Date of Birth:____/____/____ Male ◻Female ◻

May we email you with updates from time to time? Y / N (circle one)

Primary Care Physician:_____ Phone: (____)_____

Insurance Information

Type of Coverage for Treatment: **PPO** ◻**HMO** ◻**Medicare** ◻**Workers Comp** ◻**Motor Vehicle Accident** ◻

Personal Injury   Date of Injury:____/____/____

Medicare Patients only: I am under the care health agency: Yes   No.

Primary Carrier:_____ Phone: (____)_____

Address: _____City:_____ State:___ Zip:_____

ID#:_____Group#:_____

Policy Holder:_____ Date of Birth:__/__/__relationship:___ _____

Secondary Carrier:_____ Phone: (____)_____

Address: _____City:_____ State:____ Zip:_____

ID#:_____Group#:_____

Policy Holder:_____ Date of Birth:__/__/__relationship:___ _____

Address (If Different):_____ City:_____ State:____ Zip:_____

Policy Holder's Employer: ----------------_____ Phone: (____)_____

Address:_____City:_____ State:____ Zip:_____

W/C Liable Party's Carrier: ----------------_____ Phone: (____)_____

Address: _____City:_____ State:____ Zip:_____

Contact Person:_____ Claim #:_____

Attorney or Firm Name (If applicable):_____

Address: _____City:_____ State:____ Zip:_____

Contact Person:_____ Claim #:_____

Authorization and Assignment: I hereby authorize my insurance carrier to make payments directly to ERA Physical Therapy, INC. on my behalf. I herby acknowledge my financial responsibility for fees not paid by this assignment and agree to pay in addition to the principle amount owed. I agree to pay 25% of the unpaid balance as a collection fee if my account is turned over to a collection agency. I further agree to pay reasonable attorney fees and court costs arising out of any litigation concerning the collection of the account.

Signature:_____ Date:_____