



Prohab

Therapy Specialists

7711 East 111th Street South, Suite 127, Tulsa, OK 74133
P: (918) 691-3212; F: (918) 364-4276, alt. (918) 369-4551

Today's Date _____

Name _____ Date of Birth _____

Address _____
& street City State Zip

SS# _____ Name of parent or spouse _____
(if minor)

Email Address _____ Marital Status _____

Home Phone _____ Wk Phone _____ Cell Phone _____

Personal Physician & Phone _____

Employer Name & Phone# _____

Emergency Contact & Phone# _____

Health Insurance Card(s) Provided to Staff yes no

Person Responsible for Bill (insured): _____

Relationship _____ Employer _____

Same address & home phone as patient yes no Wk Phone _____

Birthdate _____ SS# _____

PATIENT'S RESPONSIBILITY:

- To know if Prohab Therapy Specialists is in network with insurance
- To be aware of benefit coverage including deductible and co-pay
- To obtain updated referrals (scripts) from Physician
- To pay co-pay at the time of service
- To pay any amounts not covered by Medicare or supplemental insurance
- To contact insurance carrier concerning unpaid claims

FINANCIAL POLICY ACKNOWLEDGMENT:

I have read and understand the above financial policy. I understand that regardless of my insurance coverage I am ultimately responsible for the balance on my account for any services rendered.

Signature _____ Date _____

(patient or parent if minor)

*In the event you need to reschedule or cancel your appointment, kindly contact your clinician 24 hours prior to your scheduled visit, so we may offer the slot to another family. Following three no show/no call events, Prohab reserves the right to terminate the patient-provider relationship and you may be subject to a fee for each no show/no call event.

RELEASE OF MEDICAL INFORMATION AND ASSIGNMENT OF BENEFITS:

I authorize the release of medical information necessary for filing health insurance claims for me by Prohab Therapy Specialists. I also authorize my insurance carrier(s) to make payment directly to Prohab Therapy Specialists.

Signature _____ Date _____

(patient or parent if minor)