



Pediatric Occupational Therapy Services

Direct Line: (803) 329-9500

Email: support@mytherapyworld.com

New Patient Data Form

Date: _____ Therapist: _____ Acct #: _____ INS: _____

Patient's Name (First, Middle, Last): _____

Mailing Address: _____

City, State, Zip Code: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Email: _____ Patient's Date of Birth: _____ Age: _____

Social Security Number: _____

Referring MD: _____ Date of Injury/Diagnosis: _____

Have you been a patient of Therapy World, LLC before: Yes No

If yes, when? _____

Emergency Contact Name: _____ Relationship: _____ Phone: (____) _____ - _____

Primary Insurance

Name: _____ ID #: _____ Group #: _____ SS #: _____ - _____ - _____

Insured: _____ Relationship to Insured: _____ Insured DOB: ____/____/____

Secondary Insurance

Name: _____ ID #: _____ Group #: _____ SS #: _____ - _____ - _____

Insured: _____ Relationship to Insured: _____ Insured DOB: ____/____/____

Authorization

Authorization to treat: I hereby authorize *Therapy World, LLC* to provide treatment as prescribed by my physician and therapist.

Authorization to obtain/release information: I hereby authorize *Therapy World, LLC* to obtain or release information to my physician and/or insurance company as needed during the course of my treatment.

Assignment of benefits: I hereby authorize my insurance company to make payment directly to *Therapy World, LLC* for services rendered. I accept all responsibility for treatment costs not covered or reimbursed by my insurance company.



Therapy World, LLC Patient Acknowledgment and Consent • Financial Policy

Print Name of Patient

In signing below you are acknowledging receipt of the *Therapy World, LLC* financial policy. You hereby agree to the terms listed within and understand that any charges incurred that are not paid by your insurance carrier will be the patient's responsibility. Payment options are available to patients but must be authorized by the Billing Department.

Signature

Date

Witness

Relationship to Patient

If you have any billing questions, please do not hesitate to contact our office at (803) 329-9500 or our third-party billing administrator, Your Therapy Billing. Please see their contact information below.

Matt Nowicki: (336) 799-3031 ext 700

Mandy Wunderman: (336) 799-3031 ext 701

Kelly Engle (336) 799-3031 ext 702

Sarah Louise (609) 980-0797