Aspire
Physical Therapy Sports Medicine

PATIENT INFORMATION					
Last Name	First Name	MI	Date of Birth	Social Security Number	☐ Male ☐ Female
Mailing Address	City	State	Zip Code	Home Phone ( )	
Marital Status ☐ Single ☐ Married ☐ Other	Referring Doctor			Cell Phone ( )	
Employment Status ☐ Employed ☐ N/A	Employer Name			Title/Position	
Work Address	City	State	Zip Code	Work Phone ( )	

EMERGENCY CONTACT OR LEGAL GUARDIAN INFORMATION			
Last Name	First		MI
Address	City	State	Zip Code
Telephone ( )	Relationship ☐ Spouse ☐ Parent ☐ Guardian ☐ Other_____		

MOTOR VEHICLE ACCIDENT INFORMATION				
Insurance Company Name	Claim #			Date of Accident
Address	City	State	Zip Code	Telephone ( )
Claims Adjuster				Telephone ( )

LABOR AND INDUSTRIES CLAIM INFORMATION			
☐ L&I STATE CLAIM	☐ SELF-INSURED L&I CLAIM		
Date of Injury	Claim #		
Claims Manager	Telephone ( )		
If Self-Insured, Name of Insurance Company	Telephone ( )		
Address	City	State	Zip Code

ASSIGNMENT OF BENEFITS/AUTHORIZATION TO RELEASE MEDICAL INFORMATION/CONSENT TO TREATMENT

I hereby assign all medical benefits to which I am entitled to ASPIRE PHYSICAL THERAPY & SPORTS MEDICINE in the event they file insurance on my behalf. I understand that I am financially responsible for all charges whether or not paid by said insurance. In the event my account becomes delinquent and is therefore in default of payment, I accept responsibility for the principal amount owing as well as all reasonable costs associated with the collection of this debt. This includes but is not limited to collection service fees, attorney's fees, and all court costs and additional legal fees associated with the recovery of this debt. Interest may be charged at a rate of 1% per month (12% annually) for unpaid balances over thirty days old. I hereby authorize said assignee to release all information necessary to secure the payment of said benefits. A copy of this assignment shall be considered as effective and valid as the original. I do hereby consent to such treatment by the authorized personnel of ASPIRE PHYSICAL THERAPY & SPORTS MEDICINE as may be dictated by prudent medical practice by my illness, injury, or condition. This consent is intended as a waiver of liability for such treatment except acts of negligence.

Authorized Signature	Date