A-1 PHYSICAL THERAPY

Tushar Mavani DPT
3299 SW 34th Street, Unit 200 Ocala, FL 34474
Phone: (352) 304-5550 Fax: (352) 304-6544
aonephysicaltherapy@yahoo.com
Jaya Mavani, MPT

Patient Information:

Patient Name:_____ SSN:_____

Age:____ Sex:____ Date of Birth:____/____/_____ Marital Status: S M W D

Address:_____ City:_____ State:_____ Zip:_____

Home Phone: **(** _____ **)** _____ - _____ Alternate Phone: **(** _____ **)** _____ - _____

Email Address:_____

Employer:_____ Work Phone: **(** _____ **)** _____ - _____

Emergency Contact Name: _____

Phone Number: **(** _____ **)** _____ - _____ Relation:_____

Race: American Indian/Alaska Native_____ Asian_____ Native Hawaiian_____ White_____

Black/African American_____ Hispanic_____ Other_____

Language: English_____ Spanish_____ Indian (Includes Hindi & Tamil)_____ Other_____

Ethnicity: Hispanic_____ Non-Hispanic_____ Refuse to Report_____

Responsible Party Information:

Self:_____ Other:_____ (Please provide information below if selected Other)

Name:_____ Date of Birth:____/____/_____

Relation:_____ SSN:_____

Home Phone: (_____) _____ - _____ Alternate Phone: **(** _____ **)** _____ - _____

Address:_____ City:_____ State:_____ Zip:_____

Employer:_____ Work Phone: **(** _____ **)** _____ - _____

I hereby assign all medical to include major medical benefits, to which I am entitled, including Medicare, government sponsored programs, private insurances, and any other plan to: A-1 Physical Therapy / Quick Primary Care. This assignment it to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid for by my insurance. i hereby authorize said assignee to release all information necessary to secure payment.

******Upon turning in paperwork, please have insurance card(s) and license ready******

Signature:_____ Date: ____/____/_____