



Mary Allan Hand Therapy

Occupational Therapist / Certified Hand Therapist

ROC Physical Therapy 1635 Creekside Drive, Suite #101, Folsom, CA 95630 Phone:916-983-5611 Fax:916-983-5615

Patient Information

Referring Physician _____ Physician Phone: _____ Fax: _____

Primary Care Physician _____ Physician Phone: _____ Fax: _____

Patient Name _____ Date of Birth _____ Gender: Female Male

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email address: _____

SS# _____ Employed By _____

Spouse/Parent/Emergency Information

Spouse / Parent _____ SS# _____

Employed By _____ Phone _____

Emergency Contact Person _____ Phone _____

Insurance Information

Primary Insurance _____

ID# _____ Policy/Group # _____

Subscriber's name (if different) _____ Date of Birth _____

Secondary Insurance _____

ID# _____ Policy/Group # _____

Please provide copies (front/back) of your insurance card(s).

Worker's Compensation Information

Compensation Carrier _____ Claim # _____

Address _____ City _____ State _____ Zip _____

Adjuster's Name _____ Phone _____ Date of Injury _____

Consent to Pay Insurance Benefits/Release of Medical Information

I accept responsibility for all Medical Costs incurred by the above named patient. I authorize payment of any insurance benefits to be made directly to Mary Allan. I authorize the release of any medical information necessary to process any and all insurance claims, resulting from my care at Mary Allan Hand Therapy.

Signature of Patient or Insured Party if Patient is a Minor

Date