

Contact Person (If other than patient)	Relationship to patient (If POA provide paperwork)		Contact Phone	
<b>PATIENT INFORMATION</b>				
Full Legal Name (First)		(Middle)	(Last)	Name Normally Used (Nickname)
Address (Number)		(Street)	(Apt. No.)	Preferred Phone
City		State	Zip	Email Address
Date of Birth		Age	Sex	2ndary Phone
Marital Status: Married Widowed Single Divorced			Social Security Number	
Employer Name			Business Phone (Including Extension)	
Referring Physician			Primary Care Physician	
Why did you choose Elder Care? <b>Physician Referral</b> <b>Billboard Ad</b> <b>Newspaper/Prime Times</b> <b>Friend/Relative Referral</b> <b>Previous PT Patient w/Positive Outcome</b> <b>Television Ad/Commercial</b> <b>Other</b> _____				
Are you receiving or have you received services through a home health agency in the last 30 days?    Yes    No				
If yes, Home Health Provided By: _____    Date Released:    /    /				
<b>SPOUSE'S INFORMATION</b>				
Full Legal Name		(First)	(Middle)	(Last)
Address (If Different From Above)		City	State	Zip    Home Phone
Employer Name		Business Phone (Including Extension)		
<b>INSURANCE INFORMATION</b>				
Primary Insurance Company Name			ID/Certificate No.	
Secondary Insurance Company Name			ID/Certificate No.	
Other Insurance Information/ Guarantor/Trust Officer Information (Name, address, phone)				
<b>EMERGENCY INFORMATION (SOMEONE NOT LIVING WITH YOU)</b>				
Person to Notify in Case of Emergency				Relationship
Address (Number)		(Street)	(Apt. No.)	
City		State	Zip	
Home Phone		Work	Cell Phone	
<b>INFORMATION FOR THE PATIENT</b>				
We accept Medicare assignment which means that our charges are predetermined by Medicare based on the extensiveness of our services. All of the services we provide are covered by Medicare. We will always notify you if we schedule or prescribe any services that are not currently covered by Medicare. We will bill Medicare directly and will file with any secondary insurance you may have. You will probably receive a statement from Medicare reflecting your visit to Elder Care. You will receive a statement from us for any remaining fees that you are responsible for such as annual deductibles or co-insurance once your claims have been processed by both Medicare and any secondary insurance you may have.				