



dynamic strides
THERAPY

Patient Insurance Information (please fill out form completely)

Patient name _____ Date _____

Address _____
Street/Apt. No. _____ City _____ State _____ Zip Code _____

Sex: M / F Date of Birth: ____/____/____ SSN: _____

Referring Physician: _____ Primary Care Physician: _____

Responsible Party: Name _____ Date of Birth: ____/____/____ SSN: _____

Address _____ Relationship _____
Street/Apt. No. _____ City _____ State _____ Zip Code _____

Home phone: _____ Cell phone: _____ Email: _____

Employer: _____ Work phone: _____

Address _____
Street/Apt. No. _____ City _____ State _____ Zip Code _____

Emergency Contact: Name _____

Relationship _____ SSN: ____/____/____ Phone: _____

Insurer's Information

Primary Insurance Company: _____ Name of Policy Holder: _____

Address _____
Street/Apt. No. _____ City _____ State _____ Zip Code _____ County _____

Date of Birth: ____/____/____ SSN: _____ Relationship to Patient: _____

Secondary Insurance Company: _____ Name of Policy Holder: _____

Address _____
Street/Apt. No. _____ City _____ State _____ Zip Code _____ County _____

Date of Birth: ____/____/____ SSN: _____ Relationship to Patient: _____

GETTING A SIGN TO BE USED FOR INFORMATIONAL AND EDUCATIONAL PURPOSES

I certify that all information shown is correct to the best of my knowledge. I authorize Dynamic Strides Therapy, Inc. and any individual therapists employed or contracted by Dynamic Strides Therapy, Inc. who furnish services to the above named patient to utilize any medical information necessary to provide claims associated with the above named patient. I allow a copy of this authorization to be sent to my place of the origin.

I assign to Dynamic Strides Therapy, Inc. and any individual therapists employed or contracted by Dynamic Strides Therapy, Inc. who furnish services to the above named patient the right to bill for the services the above named patient has received from Dynamic Strides Therapy, Inc. the right to receive payment for the same, and the right to pursue payment for the same, including, but not limited to the right to pursue administrative appeals, litigation, and/or other relevant means of action in connection with the same.

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