

KAREN BALAC PHYSICAL THERAPY, PLC

KAREN BALAC, MPT
20614 HUTTON CIRCLE, LEESBURG, VA 20175
703.709.0074

PATIENT REGISTRATION

TODAY'S DATE:		DOB:		WORK PHONE:	
PATIENT NAME:				HOME PHONE:	
HOME ADDRESS:				CELL PHONE:	
CITY/STATE:				ZIP:	
EMPLOYER:			OCCUPATION:		
NAME OF PARTY RESPONSIBLE FOR PAYMENT:				INJURY / ONSET DATE:	
REFERRING PHYSICIAN:				PHONE:	
PRIMARY CARE PHYSICIAN:				PHONE:	
INS COMPANY:			INS COMPANY PHONE:		
WORK COMP/ AUTO CLAIM #:				INJURY DATE:	
EMERGENCY CONTACT:		RELATION:		PHONE:	
THE UNDERSIGNED UNDERSTANDS THAT THE PHYSICAL THERAPY SERVICES ARE BEING PROVIDED ON A FEE-FOR-SERVICE BASIS AND AGREES TO BE COMPLETELY RESPONSIBLE FOR PAYMENT OF ALL CHARGES FOR SUCH SERVICES RENDERED BY KAREN BALAC PHYSICAL THERAPY, PLC, WHETHER OR NOT SUCH SERVICES ARE COVERED BY INSURANCE BENEFITS. THE UNDERSIGNED AGREES TO REIMBURSE KAREN BALAC PHYSICAL THERAPY, PLC FOR ANY EXPENSES, INCLUDING REASONALBE ATTORNEY'S FEES INCURRED IN CONNECTION WITH THE COLLECTION OF SUMS DUE FOR SERVICES PERFORMED HEREUNDER.					
SIGNATURE:				DATE:	