



KIRKLAND
PHYSICAL THERAPY

Kirkland Physical Therapy
13118 – 121st Way N.E., Suite 201
Kirkland, WA 98034
kirklandpt.com

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 P. Mehta A. LaBorda

PATIENT INFORMATION

First Name: _____ M: _____ Last Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Hm Phone: () _____ Wk Phone: () _____ Cell # () _____
 Social Security #: _____ Birthdate: ____/____/____ Sex: M F
 Emergency Contact: _____ Phone: () _____
 Marital Status: M S D W Other _____
 Employer: _____ School: _____

Sorry, but we are not able to bill secondary insurance.

PRIMARY INSURANCE INFORMATION

Primary Insurance: _____ Phone: _____
 Policy/Claim/ID#: _____ Group #: _____
 Adjuster : _____ Address: _____
 City: _____ State: _____ Zip: _____

SUBSCRIBER INFORMATION

Relationship to Subscriber: (circle one)
 Self Spouse Parent Other
Complete address if different from above

First Name: _____ Last Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Hm Phone: _____ Wk Phone: _____
 Birthdate: ____/____/____ Sex: M F Social Security #: _____
 Employer: _____ School: _____

OTHER INFORMATION

How did you hear about us? (please circle) Family/Friend Doctor Yellow Pages Web Other _____
 Family Doctor : _____ Referring Doctor: _____
 Where did injury occur:
 Home: _____ Work _____ School: _____ Sports: _____ Auto: _____ No Accident: _____ Other: _____
 Injury Date: ____/____/____ (must be completed)
 What part of the body are we treating? Right/Left: _____

I understand that I am directly responsible for all charges incurred. I authorize benefits to be paid directly to Kirkland Physical Therapy, Inc., PS. I am responsible for all non-covered charges.

Signed: _____ Date: _____