



**REHABILITATION P.C.**  
 PHYSICAL, ORTHOPEDIC & SPORTS THERAPY + WELLNESS

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 Colorado Springs, CO 80910

**Patient Intake Form**

Patient name: \_\_\_\_\_ Address: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Phone: \_\_\_\_\_ HOME/CELL/WORK City, State, Zip: \_\_\_\_\_  
 Alt phone: \_\_\_\_\_ HOME/CELL/WORK  
 Email: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Contact #: \_\_\_\_\_ Relation: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_  
 Referring Dr. \_\_\_\_\_ Surgery date if applicable: \_\_\_\_\_

INSURANCE INFORMATION		
<b>Primary Insurance:</b>	MEDICAID	Primary Insured:
Plan ID:	P814121	DOB:
Group ID:		Relation:
Provider #:		SSN:
<b>Secondary Insurance:</b>		Primary Insured:
Plan ID:		DOB:
Group ID:		Relation:
Provider #:		SSN:

INTERNAL OFFICE USE ONLY						
Tax ID 710877121		MC/PTAN C806977		NPI 1578626248		
<b>Insurance Verification</b>				Referral Required	Y N	
Policy Start: _____		Policy End: _____		Auth Required	Y N	
<b>Deductible:</b>	\$ _____	<b>Copay:</b> \$ _____	<b>Insurance Specific</b>	Auth Received	Y N	
	Met: \$ _____			<i>Notes</i>	Auth # 18VISITS	
	Rem: \$ _____				<b>Medicaid :</b>	Units Used:
<b>OOP Max:</b>	\$ _____		<b>Medicare:</b>	Renewal Date:	Packet Prep	Y N
	Met: \$ _____			CAP: \$ 2,010	In WebPT	Y N
	Rem: \$ _____		<b>Tricare:</b>	Used: \$ _____	Appt date:	
<b>Co-Insurance:</b> _____ / _____ %			RETIRED or ACTIVE	Therapist:		
Visits: _____			SELECT or PRIME	Diagnosis:		
Used: _____			ICD10:			
Verified by: _____		Date Verified: _____				
Call reference #: _____						

PATIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Signing above certifies that the patient information is correct, any information changes are patients responsibility to notify office personnel, *I understand that benefits are obtained as a courtesy; therefore, benefits given are NOT a guarantee* of benefits or payment and are ultimately patient responsibility to fully understand their insurance guidelines, If claims are denied, or a change of benefit information is determined by your insurance, Revolution Rehabilitation, P.C. will not be held accountable for any accrued charges. If your account is referred to collections there will be a 30% collection fee added to your balance. INITIALS \_\_\_\_\_