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**GODDARD ORTHOPEDIC & SPORTS THERAPY**

**New Patient Information**

**Name:** \_\_\_\_\_  
Last, First

**Address:** \_\_\_\_\_  
Street, City, State, ZIP

**DOB:** \_\_\_\_\_ **SS #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Emergency Phone #:** \_\_\_\_\_

**Who can we thank for your referral?** \_\_\_\_\_

**Name of the Insured:** \_\_\_\_\_ **Insured's DOB:** \_\_\_\_\_

**Insured's Employer:** \_\_\_\_\_ **Member ID #:** \_\_\_\_\_ **Group #:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Referring Physician:** \_\_\_\_\_ **Physician Phone #:** \_\_\_\_\_

**X-Ray Y or N**      **MRI Y or N**      **Date last seen by Physician:** \_\_\_\_\_

**Benefits verified by:** \_\_\_\_\_ **On:** \_\_\_\_\_ **At:** \_\_\_\_\_

Is GOST IN Network for PT?	YES	NO
Referral or Pre-cert Required?	YES	NO
# for pre-auth is:		
Referral/Authorization #:		
Effective dates:		
# of visits authorized:		
<b>COVERAGE</b>		
	<b>In-network</b>	<b>Out-of-network</b>
Effective Date for Policy		
Deductible		
\$ of deductible met		
Deductible based on calendar year?		
% paid by insurance after ded met		
Max out of pocket		
Co-pay or Co-insurance amt per visit		
<b>RESTRICTIONS</b>		
# visits allowed	Per year: _____ diagnosis: _____	Per year: _____ diagnosis: _____
Maximum \$ amt per visit		
Maximum \$ amt per year		
Procedures/modalities not covered:		
Limited # of procedures/modalities per visit:		
Medicare Patients: Has anyone recently or is anyone currently coming to your house to check your blood pressure, monitor wounds or diabetes, or any other services? YES NO		

**Insurance Carrier:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Case Manager's Name:** \_\_\_\_\_ **Phone/Fax:** \_\_\_\_\_

I have been given my insurance benefits and fully understand my responsibility. I understand that I am encouraged to contact my insurance company to verify that the benefits quoted to Goddard Orthopedic & Sports Therapy are correct. Goddard Orthopedic & Sports Therapy is not responsible for misquoted insurance benefits.

**Signature of Patient and/or Legal Guardian:** \_\_\_\_\_

**1st Contact:** \_\_\_\_\_