

GOOD DAY!

Thank you for giving us the opportunity to treat you. Your next step would be to fill out the information below fully. We will check your benefits and put them into the system. Once completed we will contact you via phone call. Emails are answered every day during the week. This is the fastest way to communicate and get you in for treatment. However, if you have any questions, please call us.

**YOU CAN USE TEXT INSERT ON THIS PDF TO COMPLETE AND EMAIL BACK TO: [foundationphysicaltherapy@gmail.com](mailto:foundationphysicaltherapy@gmail.com)**

NAME:

PHONE NUMBER (BEST NUMBER TO CONTACT):

ADDRESS:

INSURANCE:

INSURANCE MEMBER NUMBER:

INSURANCE GROUP NUMBER:

INSURANCE PHONE NUMBER FOR PROVIDERS:

DATE OF BIRTH:

DIAGNOSIS (Reason you are attending therapy):

REFERRING PHYSICIAN:

PRIMARY CARE PHYSICIAN SOME (SOME INS REQUIRE AUTH FROM PCP):

IS THIS AN AUTO ACCIDENT/SLIP OR FALL OR WORKERS COMP:

ARE YOU RECEIVING HOME CARE SERVICES?

Please be advised that it is your responsibility to contact your insurance to check if our providers are in-network and your insurance benefits.

Best regards,  
Gary Parsonis  
Office/billing Manager  
Foundation Physical Therapy  
29605 US Hwy 19 N, Ste 360, Clearwater, FL 33761  
# 727-784-6088  
Fax # 727-784-3034