Ellen Noble Heckerd, PT, MS

91Elm Street
Camden, ME 04843

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Client Identifying Information

DEMOGRAPHICS			
Client Name			DOB
Address	City		State/Zip
Day Phone		Evening Phone	
☐Male ☐Female Non B	Married Single Other:	Email	
Employer			Student ☐ FT ☐ PT
Most recent Covid vaccine date_____	Type of vaccine		
Primary Care Physician			PCP ID#
Referring Physician			Initial visit date

INSURANCE INFORMATION			
Insured First Name	MI	Last Name	Relationship to Patient ☐Self ☐Spouse ☐Parent ☐Child ☐Other:
☐ M ☐ F	DOB	SSN	
-Address	City		State/Zip
Daytime Phone		Evening Phone	
Employer Name			Phone
Address	City		State/Zip
Insurance Co.			Phone
Address	City		State/Zip
Group #	Plan Name		Insured ID#
Medicare: ☐Yes ☐No	Medicare ID#		Is there other Insurance: ☐No ☐Yes (see below)

OTHER INSURANCE			
Insured First Name	MI	Last Name	Relationship to Patient ☐Self ☐Spouse ☐Parent ☐Child ☐Other:
☐ M ☐ F	DOB	SSN	
Address	City		State/Zip
Daytime Phone		Evening Phone	
Employer Name			Phone
Address	City		State/Zip
Insurance Co.			Phone
Address	City		State/Zip
Group #	Plan Name		Insured ID#

CONSENT FOR TREATMENT & BILLING POLICY

I hereby authorize permission for treatment by Ellen Noble Heckerd, PT. Furthermore, I authorize Ellen Noble Heckerd, PT to furnish information regarding my diagnosis and treatment to the above insurance carriers.

I understand that I am financially responsible to Ellen Noble Heckerd, PT for services not covered by my insurance. I also understand that I am personally responsible for missed appointments if I have not notified Ellen Noble Heckerd, PT 24 hours in advance.

Patient/Guardian Signature Date