

DAKOTA REHABILITATION CENTER PATIENT REGISTRATION FORM

Name _____ **Date of Birth** _____

Address _____

City _____ **State** _____ **Zip** _____

Phone# (Home) _____ **(Work)** _____ **(Cell)** _____

Social Security Number _____ **E-Mail Address** _____

Marital Status (circle one): **Single Married Widow Divorced Other** **Sex:** **M** **F**

Date of Injury/Accident _____ **Allergies** _____

If motor vehicle accident, in which state did the accident occur? _____

Employer _____ **Full Time/ Part Time/ Retired/ Student**

Employer Address _____

Emergency Contact Person _____

Contact Person Home Phone# _____ **Work Phone#** _____

Contact Person Address _____

Insurance Information: (check one)

Work Comp **MVA** **Medicare** **Medicaid** **Medical** **Other**

Insurance Company / Address _____

Name of Policy Holder _____

Policy Holder's Date of Birth: _____

Policy/ID/Claim Number _____ **Group Number** _____

Attorney Name/Address _____

I authorize Dakota Rehabilitation Center to release information to my insurance carrier, case manager or reviewer, or third-party payer who requests this information in order to process my claim for payment. I authorize the release of information to physicians and facilities for the purpose of continued health care. I understand that Dakota Rehabilitation may assess a \$50.00 to \$100.00 charge per occurrence, if I fail to show or do not call in advance to cancel a scheduled appointment. I understand that I am financially responsible for any charges not covered by insurance, and that an interest charge of 1.5% may be assessed. I understand that I am responsible for my personal valuables while attending therapy at Dakota Rehabilitation Center. I hereby release this facility from any liability from loss by theft or negligence. I give authorization for care and treatment prescribed and considered necessary. I further acknowledge that no guarantees have been made to me as a result of treatment.

Signature _____ **Date** _____

Parent/Guardian Signature (if patient is under 18 years) _____