

Tax Identification No: 47-5494451

Group NPI: 1831562362

Provider: Sandra LaBella, PT

Location: Office

Date of Birth _____

Today's Date: _____

Patient Name _____ Patient Phone: _____

Patient Address _____

Policy Holder Name _____ Policy Holder DOB: _____

Policy Holder Address _____

Insurance Name _____

Insurance Phone _____

Insurance ID _____

Insurance Group _____

Out of Network Coverage Yes No Deductible Yes No

Amount _____ Met This Year _____ Ded Begins _____

Plan Pays _____

Precertification Yes No What Info needed from Physical Therapist?

Fax Number to Send Info to _____

Precertification Phone _____

Do I need a referral from a doctor to go to physical therapy? YES NO

Do I have a certain number of visits per year allowed? YES NO _____

Send Claims Address: _____

Electronic Payor ID: _____