

Advanced Neuromuscular Physiotherapy, LLC

11333 Woodglen Drive, Suite 204• North Bethesda, Maryland 20852

Dr. Anna Borissow, DPT

Insurance Information

Patient Name: _____
Insured's Name: _____ Birth Date: _____
Insurance Carrier: _____
ID Number: _____ Group Number: _____

Emergency Contact: _____
Home Phone: _____ Work Phone: _____
Relationship to Patient: _____ Cell Phone: _____

Consent for treatment and authorization to release information

I authorize Advanced Neuromuscular Physiotherapy, LLC to perform or have performed upon me appropriate and thorough assessment and treatment procedures for my current medical condition. I understand that unless prior arrangements have been made, payment is due at the time of the service. I further authorize release of pertinent medical information to the referring physician and insurance company for processing of any claims. Any other release of information must be approved of in writing by the patient. It is the responsibility of the patient to assure that payment for services is received in a timely manner.

Signature: _____ **Date:** _____