Maryland Physical Therapy and Wellness Center, LLC
7350 Van Dusen Rd, Suite - 420
Laurel, Md. 20707
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Phone: 301-776-7000
Fax: 301-498-5025

PERSONAL INFORMATION

PLEASE COMPLETE ALL SECTIONS		
NAME	HOME PHONE	CELL NUMBER
ADDRESS	CITY	ZIP CODE
EMPLOYER	WORK PHONE	PERSONAL EMAIL
BIRTHDATE	AGE	SEX
SOCIAL SECURITY NUMBER	MARITAL STATUS	SPOUSE NAME/BIRTHDATE
EMERGENCY CONTACT NAME	PHONE	RELATIONSHIP

I understand and agree (regardless of my insurance status), that I am ultimately responsible for the balance of my account for any professional services rendered. I am also responsible for recognizing insurance status including, but not limited to, benefits and allowable visits. I have read all the information on this page and certify that the information I provided is true and correct to the best of my knowledge. I also agree to notify Maryland Physical Therapy and Wellness Center LLC of any changes in the above information.

______________________________ ______________
SIGNATURE DATE

______________________________ ______________
PARENT OR GUARDIAN (IF MINOR) DATE