



Other than your doctor, how did you hear about us? (Check all that apply)

Newspaper

- Action Advertiser
- The Reporter
- Phonebook
- Other Newspaper

Radio

- KFIZ 107
- WFLD 97
- WTCX 96
- WMDC 98.7
- Other Radio Station

Performax

If you heard about us through a friend or relative, may we have their name so we may thank them?

EMERGENCY INFORMATION

Name: _____ Phone # _____

Relationship: _____ Work # _____

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION
ASSIGNMENT OF BENEFITS**

I hereby authorize Back-in-Action Rehabilitation to provide treatment, release information pertaining to my treatment for and insurance purposes; and/or receive direct insurance payments otherwise payable to me for services rendered. I understand that I am financially responsible for payment of all services; including those charges not covered by my insurance. I also acknowledge I have received and had a full opportunity to read and consider the contents of the Privacy Notice. I understand that, by signing this form, I am confirming my written permission for the disclosure of my protected health information, as described in this form.

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____