



active Physical Therapy and Wellness
North Pointe Commons
G-5430 S. Saginaw Street
Flint, MI 48507
Telephone: 810.694.1037 Fax: 810.694.1089

Insurance Information

To better process your insurance claim please provide us with complete and accurate insurance information.

Patient Information:

Date: _____ SSN# _____ Birthdate: _____

Patients Name: _____ Home Phone: _____
Last First MI

Address: _____
Street City State Zip

Sex: ___ M ___ F Marital Status: ___ S ___ M ___ D ___ Widowed

Employer: _____ Business Phone: _____

Business Address: _____ Occupation: _____

Emergency Contact Person:

Name: _____ Telephone: _____

Primary Insurance:

Insurance Company Name: _____

Address: _____ Phone: _____

Insureds Name: _____ SSN: _____ Birthdate: _____

Group Policy #: _____ Plan Code/Name: _____

Secondary Insurance:

Insurance Company Name: _____

Address: _____ Phone: _____

Insureds Name: _____ SSN: _____ Birthdate: _____

Group Policy #: _____ Plan Code/Name: _____

I authorize the release of any medical information necessary to process any medical claims and request payment of medical benefits to Active Physical Therapy and Wellness, PC.

Signature _____ Date: _____