

NEW PATIENT PAPERWORK INSTRUCTION

Please fill out the first nine (9) pages. This includes your demographics, history of current injury, pain drawing, MVC history, medical history, family medical, social history and our Physical Activity Readiness Questionnaire.

The next nine (9) pages are standard forms for the state of Florida that insurance requires to authorize payment for medical bills. They only require a signature, printed name and date where noted. Included are three (3) Standard Disclosure forms requiring original signatures, a Letter of Protection form for your attorney to sign, a Medical Records Request form for your signature only as we may need to duplicate for several requests and the PHI form required for patient privacy.

Print the HIPAA Notice is for you to keep for your records.

If you have any questions, please do not hesitate to call 321-952-9993 or show up 15-30 minutes early to your designated check in time. Thank you for choosing Injury Care Clinic where your health is our number one priority.