

**Toni McGinley P.T. @ ALTA
1845 Broadway Third Floor
New York, NY 10023**

New Patient Registration

Personal Information:

Last Name/First Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work: _____ Cell: _____
E-mail: _____ Referring Physician: _____
Social Security: _____ Marital Status: _____ Married _____ Single
Sex: _____ Male _____ Female Date of Birth: _____ Referred By: _____
In case of emergency contact: _____ Phone#: _____

Insurance Information:

Name of Insured: _____ Policy#: _____
Insurance Carrier: _____ Phone# _____
Relationship to Insured: _____ Self _____ Spouse _____ Child/Financial Dependent

Employment Information:

Employer: _____
Address: _____

Credit Card on File:

In order to expedite your billing we offer a credit card on file option for payment of all fees, deductibles, co-payments and co-insurances. Your card will be billed bi-monthly and you will receive a paid statement and your credit card receipts.

Card Type: Visa MasterCard American Express Discover Diners Club International

Card#: _____ Exp.: _____

Patient Signature: _____ **Date:** _____