Coast PT
Cayuga Orthopaedic and Sports Physical Therapy

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# POLICY HEALTH INSURANCE INFORMATION

_____ BCBS of Central NY
_____ BCBS (Outside NY)
_____ Aetna Managed Care
_____ Aetna PPO
_____ Aetna Traditional 80/20
_____ Unicare
_____ United Healthcare
_____ Medicare
_____ Medicaid
_____ HealthNOW
_____ PHP or AHP
_____ Empire (NYS Employees)
_____ North American Administrators
_____ Other _____

## PRIMARY INSURANCE COVERAGE

Insured Person (subscriber) _____
Policy Holder Date of Birth _____
ID# _____ Group# _____
Relationship to subscriber: _____ Self _____Spouse _____ Child

## SECONDARY INSURANCE COVERAGE

Insured Person (subscriber) _____
ID# _____ Group# _____
Relationship to subscriber: _____ Self _____Spouse _____ Child

**Your co-payments are due at the time of your visits. This also includes any deductible for which you are responsible.

Do you feel this condition is work related? _____ Yes _____ No
Is your condition related to an auto accident? _____ Yes _____ No
My insurance requires authorization for physical therapy services to be initiated. _____ Yes _____ No

Cayuga Orthopaedic and Sports Physical Therapy, P.C. is a participating provider for most BCBS plans, AETNA, Empire, North American Administrators, Medicare and Medicaid. We will provide an itemized bill for patients who have any other insurance. If you have an insurance form and sign it for the payment to come directly to Cayuga Orthopaedic and Sports Physical Therapy, P.C., we will submit it to your insurance company for you.

I herby authorize my insurance benefits to be paid directly to Cayuga Orthopaedic and Sports Physical Therapy, P.C. and I acknowledge I am financially responsible for any unpaid balance including supplies and/or durable medical equipment that is not covered by my insurance.

Signature Date