HANA LIMA PHYSICAL THERAPY

PH: 808-446-0382
FAX: 808-876-0245
HANALIMAPT@GMAIL.COM
59 AKEA PL, KULA HI 96790

Name: ______________________________ Birthdate: ____________________

Mailing Address: ____

City: ____________________ State: ________________ Zip Code: ______________

Phone: ______________________ Date of Injury: ______________________

Primary Care Physician: ____

Check One:

☐ Primary Insurance: ____________________ Policy Holder / DOB: ____________________

Policy #: ____ PPO___ HMO___

☐ No Fault MVA / Worker's Compensation:

Claim #: ____

Company: ______________________ Date of Injury: ______________________

Adjuster: ______________________ Phone #: ______________________

Consent for Treatment & Privacy Statement

I, the undersigned, do hereby agree and give consent for HANA LIMA PHYSICAL THERAPY LLC to provide medical treatment considered medically necessary in diagnosing my medical condition. Additionally, I hereby assign all medical benefits to include major medical benefits to which I am entitled, including Medicare, Medicaid, private insurance, and third party payers to HANA LIMA PHYSICAL THERAPY LLC. A photocopy of this assignment is to be considered as valid as the original. I hereby authorize said assignee to release all information necessary, including medical records, to secure payment. I understand that I am responsible for the balance due in full in the event that my insurance carrier denies payment

I understand that my rights to privacy are set forth and explained in The Health Insurance Portability and Accountability Act of 1996 (HIPAA), and that, if I had any questions, they were answered to my satisfaction. I hereby authorize HANA LIMA PHYSICAL THERAPY LLC to release all information necessary, including medical records, to my Primary Care Physician, Primary Care Clinic, and / or relevant specialists, to facilitate my medically necessary Plan of Care and overall continuity of care.

______________________________ ______________________________
Printed Name Signature

______________________________ ______________________________
Parental Signature, if applicable Date