

The Gait Center

LAWRENCE REHABILITATION

Registration

Name (as written on insurance card): _____

Date of Birth ____/____/____ Phone: _____ Work or Cell: _____

Email: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Sex: M or F Marital Status: S M D W Other Student: Y or N School: _____

In Case of Emergency Please Contact: _____

Phone#: _____

Primary Insurance Company: _____ Subscriber ID: _____

Policy Holder: (if different than patient) _____ Date of Birth ____/____/____

Relation to Patient: _____ Address: _____

City: _____ State: _____ Zipcode: _____

Secondary Insurance: _____ Subscriber ID: _____

Policy Holder: (if different than patient) _____ Date of Birth ____/____/____

Reminder Notifications: Automated reminders will be sent 24 hours in advance of your appointment.

Please Select One:

TEXT – Cell Phone **CALL - Cell Phone** **CALL - Home Phone** **No Reminder**

Attendance Policy

- A cancelled visit will be recorded if the Gait Center receives notification at least 24 hours in advance of appointment. There is no charge for cancelled visits.
- Notification less than 24 hours will be considered a missed visit. After 2 missed visits the patient will be charged a \$35 fee for each additional missed visit. This amount will be due at the next scheduled visit.
- More than 6 cancellations or missed visits will be cause for review of the rehabilitation commitment and possible discharge from physical therapy services at The Gait Center.

Patient/Parent/Guardian Signature: _____ Date: ____/____/____

8191 Staples Mill Road • Richmond, VA 23228
Phone: 804.523.2653 • Fax: 804.767.4415
LRStech@gaitcenter.com