



**198 Barton Street • Stoney Creek, Ontario • L8E 2K2**  
**t: 905 930 7876 f: 905 930 8886 e: absoluterehab@cogeco.net**

Patient Name:		Primary Insurance Co:	
Date of Birth: mm/dd/yyyy:		Group Policy #	
Home Address:		ID #	
City:	Postal Code:	Name of Insured:	
Phone # :	Cell # :	Date of Birth of Insured: mm / dd / yyyy	
Email :		<b>Secondary Insurance:</b>	
Employer:	Occupation:	Group Policy #	
Work Phone # :	Work Fax #:	ID #	
Family Doctor:	<b>EMERGENCY CONTACT:</b>		Name of Insured:
Referral Source:	Phone #:		
Doctor Phone # :	Doctor Fax # :		Date of Birth of Insured: mm / dd / yyyy

DATE	PT	ND	DC	RMT	Payment Info
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Chart Check List Completion  
*ensuring all documents are **completed and signed***

whom referred the patient & it has been inputted in to P.M.S.

Email verification

Fee Schedule

Physiotherapy Consent

Acupuncture Consent

Spinal Manipulation

Massage Consent

Chiropractor Consent

Office Policies & Procedures

Electronic Billing Consent

Electronic Assignment of Benefits

Insurance Call Sheet

Claim Forms

Credit Card Authorization

EMERGENCY CONTACT

-If MVA:

OCF 1 completed and a copy made

AB Package completed and sent to corresponding insurance company

Verified Identification – Photocopy of ID was taken

Patient's Name: \_\_\_\_\_

Verified and chart completed by

staff (print name): \_\_\_\_\_

signature: \_\_\_\_\_

date: \_\_\_\_\_