



**Bel Air**  
Gold Medal Building  
407 E. Churchville Road  
Suite 102  
Bel Air, MD 21014  
Phone: 410-638-5525  
Fax: 410-638-5558

**Perry Hall**  
Baltimore County Credit Union Bldg.  
8640 Ridgely's Choice Drive  
Suite L-1  
Perry Hall, MD 21236  
Phone: 410-529-0989  
Fax: 410-529-0993

## PATIENT INFORMATION

Please provide the necessary information below as accurately as possible so that we may correctly process insurance billing. Please ask our office staff if there are any questions or concerns. Thank you for choosing Gold Medal Physical, LLC.

NAME: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (HOME) (     ) \_\_\_\_\_

WORK (     ) \_\_\_\_\_

CELL PHONE (     ) \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SEX: F \_\_\_\_\_ M \_\_\_\_\_ MARITAL STATUES: M \_\_\_\_\_ S \_\_\_\_\_ D \_\_\_\_\_ W \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

EMERGENCY CONTACT PHONE (     ) \_\_\_\_\_

RELATIONSHIP TO PATIENT: \_\_\_\_\_

WHO MAY WE THANK FOR REFERRING YOU? (Please provide name & address)

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I AUTHORIZE THE RELEASE OF ALL MEDICAL INFORMATION NECESSARY TO PROCESS MY MEDICAL CLAIM. I ALSO AUTHORIZE MY INSURANCE COMPANY TO MAKE PAYMENT DIRECTLY TO GOLD MEDAL PHYSICAL THERAPY, LLC FOR SERVICES RENDERED TO THE ABOVE NAMED PATIENT. I UNDERSTAND THAT I AM FULLY RESPONSIBLE FOR ALL CHARGES INCURRED FOR TREATMENT RENDERED TO THE ABOVE NAMED PATIENT.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_