

Dear Valued Patient,

Health care costs continue to rise. Billing errors due to inaccurate and incomplete patient information contributes to the rise in costs for both patients and health care providers.

Please help us to control costs by completely and accurately filling in the attached Patient Information Sheet.

- If you do not have any of the requested information please write an “\*” in the space and be sure to provide it to us **BEFORE** your next office visit.
- Please fill in all the sections of this form. Write **N/A** for Not Applicable for any of the requested information does not apply to your situation.

We reserve the right to deny treatment if all the required information is not received before your second visit.

Thank you for your cooperation in this important matter.

\_\_\_\_\_  
Initials

I, \_\_\_\_\_, have read the NOTICE OF PRIVACY PRACTICES for WorkStar Injury Recovery Center, Inc. I fully understand my rights and also have been informed that I may request a copy from the receptionist.

If patient is under the age of 18, a signature is required by a parent or legal guardian.

\_\_\_\_\_  
Patient/Parent/Guardian Signature

\_\_\_\_\_  
Date