



PRECISION THERAPY, LLC
 Insurance Information
 Phone: (315) 889-1690
 Email: precisiontherapyllc@gmail.com

OFFICE USE ONLY	
ID	
DATE	
OTHER	

INSURANCE INFORMATION

Primary Insurance:
Date of Birth:
Address:
Policy Holder's Employer:
Employer Address:
Employer Phone Number:
Relationship to Patient:
Primary Insurance:
Policy Number:
Insurance Contact Number:

I acknowledge I have completed this form accurately to **Precision Therapy, LLC**. If any changes, I acknowledge it is my responsibility to provide updated information to **Precision Therapy, LLC**.

 PATIENT/RESPONSIBLE PARTY SIGNATURE

 DATE