# SW THERAPY & REHAB LLC

## EIN 27-3506899

## NPI 1134299555

FAX 505-896-2958

| DATE OF SERVICE: | |
|---|---|

**PATIENT NAME:** _____

**ADDRESS:** _____

**CITY/STATE/ZIP** _____

**PHONE# HOME:** _____ **WORK PHONE:** _____

**CELL #:** _____ **DOB:** _____ **SEX:** _____

**IF WMC OR AUTO NEED ADJUSTERS NAME:** _____

**IF WMC OR AUTO NEED ADJMUSTERS PHONE #:** _____

**INSURANCE NAME:** _____

**ADDRESS:** _____

**CITY/STATE/ZIP:** _____**PHONE:** _____

**ID or CLAIM #:** _____

**PROCEDURE: 97124** _____

**DX CODES AND UNITS-** _____

**RENDERING PROVIDER:**

**REFERRING PHYSICIAN:** _____ **PHONE:** _____**FAX:**_____

**ADDRESS:**_____

**CITY/STATE/ZIP:** _____

**NPI#:** _____

**In case of emergency, who should be notified?** _____
**Relationship to patient:** _____ **Phone #:** _____
**Signature**_____**on file**_____