

# In House Physical Therapy Discount Plan Application for HealthSummit PT - Dr. Deanna Mekata, P.T., D.P.T.

*Please print clearly and answer all questions unless not applicable(N/A)*

---

## Personal Information:

<b>First Name</b>	<b>Middle Name / MI</b>	<b>Last Name</b>	
_____	_____	_____	
<b>Social Security Number</b>	<b>Driver License #</b>		
_____	_____		
<b>Patient Address Line 1</b>	<b>Patient Address Line 2</b>		
_____	_____		
<b>City</b>	<b>State *</b>	<b>Zip</b>	
_____	_____	_____	
<b>Home Phone</b>	<b>Cell Phone</b>	<b>Work Phone</b>	<b>Email</b>
_____	_____	_____	_____

## Spouse Information :

<b>Spouse Name</b>	<b>Social Security #</b>	<b>Driver's License #</b>	
_____	_____	_____	
<b>Spouse Address Line 1</b>	<b>Spouse Address Line 2</b>		
_____	_____		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County</b>
_____	_____	_____	_____
<b>Home Phone</b>	<b>Cell Phone</b>	<b>Work Phone</b>	<b>E-mail address</b>
_____	_____	_____	_____

## Childrens Information:

<b>Childs Name</b>	<b>Sex</b>	<b>Date of Birth</b>
_____	_____	_____
<b>Child's Name</b>	<b>Sex</b>	<b>Date of Birth</b>
_____	_____	_____
<b>Child's Name</b>	<b>Sex</b>	<b>Date of Birth</b>
_____	_____	_____

**Annual premium:**

- \$150.00 which includes consultation, examination and treatment

**Additional visits:**

- \$70.00

**Applicant's Signature**

**Today's Date**

---