Full Motion Physical Therapy Intake Form

Personal Information

Last Name ______ First Name ______ Middle Initial ______ Date of Birth ___/___/___ Sex □ Male □ Female

Social Security # ___-___-___ Marital Status □ Single □ Married

Street Address ______ City ______ State ______ Zip ______

Home Phone # (___) ___-___ Cellular Phone # (___) ___-___ E-mail address (important for reminders) ______

Employer ______ Occupation ______ Work Phone # (___) ___-___

Work Status: □ Employed (□ F/T - □ P/T) □ Retired □ Disabled (□ Total - □ Temporary) □ Student □ Unemployed

Emergency Contact Person ______ Phone # (___) ___-___ Relationship to Patient ______

Insurance Information (Policy Holder)

(Please complete if you have insurance)

Primary Insurance Name ______ ID # ______ Group Policy # ______

Policy Holder Last Name ______ Policy Holder First Name ______ Middle Initial ______ Date of Birth ___/___/___

Social Security # ___-___-___ Relationship to Policy Holder: □ Self □ Spouse □ Child □ Other: ______

Secondary Insurance Name ______ ID # ______ Group Policy # ______

Policy Holder Last Name ______ Policy Holder First Name ______ Middle Initial ______ Date of Birth ___/___/___

Relationship to Policy Holder: □ Self □ Spouse □ Child □ Other: ______

Referring Physician

Physician Referral? □ Yes □ No (if No, please list Primary Care Physician)

Primary or Referring Physician Name	Phone ( ) -	Fax ( ) -	
Practice Name	City	State	Zip
E-mail Address	Do you have a follow-up with this physician? □ Yes □ No If yes, what is the date of your follow-up? ____/____/____		

Auto / Work Injury Claim

□ N/A

Insurance Name: Auto/Workers Comp		Adjuster / Claim Manager	
Address	City	State	Zip
Phone # ( ) -	Ext	Claim #	Date of Accident / Injury ____/____/____

Attorney Information

□ N/A

Attorney's Name	Law Firm	Phone # ( ) -	
Street Address	City	State	Zip

______________________________ Signature of Patient / Guardian

____/____/____ Date

How Did You Find Out About Us?

- □ Doctor Referral
- □ Family / Friend
- □ Former Patient
- □ Facebook
- □ Insurance
- □ Website
- □ Flyer / Brochure
- □ Car Magnet
- □ Search Engine: ______________________
- □ Other: ______________________

Important Company Policies

We strive to provide you the best personalized care available. To make this possible we adhere to a set of very important policies.

Please read them carefully, ***initial all boxes***, and indicate your agreement by signing at the bottom.

Initial

Late Policy "10-minutes"

Being late by more than 10 minutes may require you to either reschedule or wait for the next available opening.
We do not allow appointment overlap because this undeservedly compromises the care of another patient.

No-Show Policy

Should you have to cancel an appointment for any reason, please try to provide us with at least 24 hour advance notice. Same-day cancellations are less desirable, and a **$25.00** fee may be assessed.
If you fail to attend your scheduled appointment time **WITHOUT** notifying us prior, there will be a **$25.00** fee assessed to your account. We reserve the right to discharge you from our care if you miss 3 appointments without 24 hour advance notice.

Payments

Payment for services including copays and coinsurance are due at the time of service. We will do everything we can to collect payments from your insurance or 3rd party payer. If they do not provide payments for your service, you are ultimately responsible.

Cell Phones

Please be courteous to other patients as well as your PT. We realize emergencies may arise, but cell phones must be at least silenced or on vibrate during sessions.

Important Notice from the Federal Government

"It is unlawful to routinely avoid paying your copay, deductible or coinsurance payments . . . even if your doctor allows it. Unless you complete a "Financial Hardship" form and qualify for financial assistance under the Federal Standards, you may NOT routinely evade paying your responsibility portions for medical care as outlined in your insurance plan even if your doctor allows it. You both may be charged for breaking the law. This includes services deemed as "professional courtesy" and "TWIP's – Take what insurance pays". Failure to comply places you in violation of the following laws: Federal False Claims Act. Federal Anti-Kickback Statue, Federal Insurance Fraud Laws, State Insurance Fraud Laws. Failure to comply may result in civil money penalties (CMP) in accordance with the new provision section 1128 A(a)(5) of the Health Insurance Portability and Accountability Act of 1996 [section 231(h) of HIPAA]. Exceptional cases do apply. Please see contact info for more information. Office of Inspector General, Department of Health and Human Services. Contact by phone 202 619-1343, by fax 202 260-8512, by email paffairs@oig.hhs.gov, by mail Office of inspector General, Office of Public Affairs, Department of Health and Human Services, Room 5541 Cohen Building, 333 Independence Avenue, S.W., Washington, D.C. 20201, Joel Schaer, Office of Counsel to the Inspector General, 202 619-0089."

We look forward to working with you and building a lasting relationship!

By signing, I understand and agree with the above statements____