

Today's Date: _____

Please Fill-Out Entire Form Completely and Legibly.

1. Patient Info

Last Name _____		First Name _____	Age _____	<input type="checkbox"/> Male
				<input type="checkbox"/> Female
Street Address _____		City _____	State _____	ZIP _____
Home Phone _____	Cellular _____	Email Address _____		
(Required in order to watch "New Patient Video")				
Occupation _____	Employer Name _____		Phone # _____	
Emergency Contact Person _____		Phone # _____	If Patient is a MINOR: Parent/Guardian Name and Signature Here	
Social Security # _____			<input type="checkbox"/> Single	<input type="checkbox"/> Married
Date of Birth _____/_____/_____				
Work Status:	<input type="checkbox"/> Currently Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Disabled (___ Total or ___ Temporary)	
	<input type="checkbox"/> Student (___ P/T ___ F/T)			

2. My Condition Info

ALL INFO REQUIRED

My injury/ailment is related to . . .

- AUTO/PERSONAL INJURY:** Date of accident: _____/_____/_____
- WORK INJURY:** Complete all information below.
Date of injury: _____/_____/_____

Your company HR person name

Insurance adjustor name

Insurance adjustor PH# _____
- NO INJURY:** What do you think may have caused it?

I have already had . . .

- SURGERY:** When and what type?
- PHYSICAL THERAPY BEFORE:** When and where?
- HOME HEALTH CARE:** Are you still receiving it?
_____ YES ___ NO
- OTHER care:** What?

3. Payment Info

(check only one box)

I am paying TODAY by . . .

- INSURANCE** and would like to . . .
----- Have you deal directly with them. I will assign my benefits to you by completing the **"Assignment of Benefits Form"** (Fees may apply in some cases) The following information is required prior to 1st visit.
My coinsurance/copay is \$-----
My deductible is \$ -----
- WORKERS COMP**
You must have all info provided under "My Condition...".
- CASH, CHECK, CREDIT** and would like a . . .
Payment plan and apply for "Financial Hardship"
- i have an **ATTORNEY** and would like to . . .
----- Wait until my case settles before paying. I will complete the "Attorney Lien" form. Fees may apply

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4. Referral Info

How did you hear about us?

- Friend or Family: Brochure: Give details:
- Internet Insurance/Directory:
- Advertisement Other:

Physician/Dentist/Chiropractor/Nurse:
Give details below.

Referring Physician/Person's Name

City State

Phone #

I have read and agree to all the policies on the back of this form.

Signature _____

We strive to provide you with the best personalized care available. To make this possible we adhere to a set of very important guidelines. Please read them carefully and initial all the boxes to indicate your agreement.

Initial

All Boxes

Late Policy “15 Minutes”

Being late by more than 15 minutes will require you to either reschedule or wait for the next available opening. There are no guarantees since opening due to cancellations are unpredictable. We do not allow appointment overlap because this undeservedly compromises the care of another patient.

24-hour advance notice fee

If you wish to change or cancel an appointment we require a minimum 24-hour advance notice. Anything less will result in a \$55 fee charged to your account. It costs us money to make appointments available to you. Whether you attend or not we still accrue the expenses (for staff wages, rent, etc). We don't charge you the actual cost for that appointment but rather a lesser \$55 fee. We do NOT make money with this charge; it's only to act as a deterrent from making last minute changes. Advance notice allows someone else (who needs it) time to reserve it in place of you. Please be courteous and responsible. Thank you.

Copays are due upon arrival

If you happen to forget your wallet or checkbook we may still be able to see you upon completion of an “Extension Request” form. This is a “promise-to-pay” form and carries a minimal fee that allows you to keep your appointment.

No-shows Are bad

If you fail to show for an appointment without notice all future appointments will be removed and a \$50 fee assessed to your account. You may re-schedule appointments again on a “first come, first serve basis.”

Cell phones must be shut OFF or silent

We realize emergencies may arise and therefore allow you to carry your cell phone during your session, however, please be courteous and set to silent mode or turn off. Thank you.

Children requiring supervision are NOT allowed to attend sessions with you

You may not bring children who require supervision with you to your appointment. If your child does not require supervision and is capable of waiting for you quietly then you may bring them. If any disturbance is caused to other patients or staff members you may be asked to terminate your session early and attend to your child

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 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 Statute, 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, SW., Washington, D.C. 20201, Joel Schaer, Office of Counsel to the Inspector General, 202-619-0089

We look forward to building a successful relationship with with you that lasts a lifetime!