



PATIENT INFORMATION FORM

Birthdate _____

Legal Name: _____ Preferred Name _____

Social Security Number _____ Sex: ☐ Male ☐ Female

Marital Status _____ Employment: _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Cell: _____ Email: _____

Appointment reminders via text? : ☐ Yes ☐ No Phone Carrier: _____

Okay to leave a confidential message: ☐ Yes ☐ No

Emergency contact: _____ Relationship _____ Phone: _____

Primary insurance: _____ Member ID: _____

Subscriber: _____ Relationship to subscriber: _____

Group number: _____ Policy number: _____ Claim number: _____

Please list anyone you authorize the release of your HIPAA protected information (if none, leave blank):

Where did you FIRST hear about us? _____

Physician information

Referring physician: _____ Date of injury: _____

Auto Related ☐ Yes ☐ No

Work Related ☐ Yes ☐ No

Accident Related ☐ Yes ☐ No

Attorney Involved ☐ Yes ☐ No

If yes, name: _____ Phone: _____ Fax: _____

Height: _____

Weight: _____

Diagnosis as stated to you by physician:

Description of how injury occurred:

Approximate date of injury /onset of symptoms :

Pain?

Yes

No

Pain level now (between 1 and 10): _____

When pain is worse

Pain scale at worst (between 1 and 10): _____

Past Treatment on this issue:

When pain is best

Pain scale at best (between 1 and 10): _____

(If you've had surgery) Surgical Treatment Date:

Recent Falls:

Yes

No

Current Medications

Medical Conditions:

Therapy Goal



NOTICE OF PATIENT INFORMATION PRACTICES

This notice describes how medical information about you may be used or disclosed and how you can get access to this information. Please review it carefully.

OUR LEGAL DUTY: EFFECTIVE 4/14/03, WE ARE REQUIRED BY LAW TO PROTECT THE PRIVACY OF YOUR PERSONAL HEALTH INFORMATION, TO PROVIDE THIS NOTICE ABOUT OUR INFORMATION PRACTICES, AND TO FOLLOW THE INFORMATION PRACTICES DESCRIBED HERIN.

USE AND DISCLOSURE OF HEALTH INFORMATION

We use your personal health information for treatment, for obtaining payment for treatment, for conducting internal administrative activities, and for evaluating the quality of care that we provide. For example, we may use your personal health information to contact you to provide appointment reminders, or to provide you with information about treatment alternatives or other health-related benefits that could be of interest to you.

We may also use or disclose your personal health information without your prior authorization for public health purposes, for auditing purposes and for emergencies. We also provide information when required by law. In any situation, our policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

We may change our policy at any time. When changes are made, a new "Notice of Patient Information Practices" will be posted in the waiting room and patient exam areas. You may also request an updated copy of our "Notice of Patient Information Practices" at any time.

PATIENT'S INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time (we may charge you a nominal fee for providing you with copies of your records). You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances in which we have disclosed your personal health information for reasons other than treatment, payment, or other related administrative purposes. You may also request in writing that we not use or disclose your personal health information for treatment, payment, and administrative purposes except when specifically authorized by you, when required by law, or in emergency situations.

We will consider all such requests on a case-by-case basis, but we are not legally required to accept them.

CONCERNS AND COMPLAINTS

If you are concerned that we may have violated your privacy rights, or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact us at the address listed below. You may also contact the U.S. Department of Health and Human Services to learn more about your privacy rights or to file a written complaint. For further information regarding our health information practices, or if you have a complaint, please contact us at:

Physical Therapy Innovations

Irving/Miriam Paez
HIPAA Compliance Officer
425 Kearney St
El Cerrito, CA 94530
Telephone: 510-524-2177
Fax: 510-525-2875

PT Innovations Policies

1. Your copayment or out-of-pocket payment is due at the time of service. If you do not pay at the time of service, a \$25 billing fee will be added to your balance on each statement mailed out to you.

2. If there are any changes made to your address, phone number or email address, please inform us so we may update your file to provide the best possible service, outdated contact information can result in an account falling into collections.

3. Our office is not contracted to bill third-party motor vehicle insurance, LIENS, Medi-Cal, and various commercial insurance. If you are covered by any of these types of insurance, you will be charged our out-of-pocket rates, we do not bill insurances we are not in contract with.

4. If you are not covered by insurance, if your insurance terminates or if we are unable to contact/verify your insurance eligibility, we may ask you to pay the full amount at the time of service.

5. If we are quoted incorrectly by your insurance carrier and your claims come back with a patient balance it will be your responsibility.

6. If you do not update us with any change of insurance any unpaid balances become your responsibility. If your insurance does not compensate us within 90 days, the balance on your account will become your responsibility.

7. If your insurance denies any claim or procedure, the charges will become your responsibility.

8. If you are coming to us with a worker's compensation claim, please bring all insurance information pertaining to your case. If your case is not accepted by your workers' compensation carrier, any balance you accumulate will become your responsibility. We do not schedule pending authorization.

9. For your convenience, we accept all major credit cards as well as personal checks. A \$50 fee will be charged for any bounced checks. We also have a \$75 charge back fee.

10. As a courtesy, we do offer appointment printouts as well as appointment reminder texts and emails, but this is only a courtesy, you are responsible for your own schedule. We have a strict no show/late cancellation policy. If you do not arrive for a scheduled appointment and/or cancel in less than 24 hours, you will be subjected to a \$100 fee paid directly by you not your insurance company. Please NOTE: you cannot reply to email or text reminders you must call in (voicemail is available after hours) If you are under workers comp or a VA program, we do not charge you the \$100 late cancellation fee but on the second late cancellation or no show we permanently discharge you from our clinic.

11. Our registration packet must be completed and signed before you may schedule any follow-up appointments.
12. PTIs fee for medical records when released to the patient or any other party is ten cents per page plus \$4 admin fee for every 15 minutes. These fees are nonnegotiable.
13. Accounts that are delinquent past 90 days will be automatically submitted to collections. If we must send your account to collections, there will be an extra fee added to your balance. Once in collections we are unable to reduce/void/adjust any fees. Please note the collection agency has their own interest rates that are added to your account balance.
14. Our discounted self-pay rates for our standard half-hour sessions are \$150 for evaluation and \$100 for all follow-ups. (Not billing insurance)
15. Medicare deductible for 2024 is \$240, commercial insurance deductible varies. If the deductible has not been met, we request a minimum payment of \$100 towards deductible, once claims process you will receive any outstanding balance if your insurance indicates there is a balance outstanding.
16. Medicare covers 80% of services for the other 20% We are not contracted with BC, BS, Aetna, Humana, Cigna, Hnet and various other plans, if you use a secondary plan that we are NOT contracted with Medicare automatically forwards the claims for the 20% and secondary plan usually pays but you need to be aware if at any point the secondary was to deny payment, the balance becomes your patient responsibility. Medicare requires a signed plan of care from a physician every 90th day and a progress report every 10th visit.
17. We offer an independent gym and pool program. Gym is \$75 a month and Pool \$125. You must fill out our independent registration form and follow guidelines. Note: all membership sign-ups and cancellations need to be done in writing. Cancellations need to be submitted before the new billing cycle, once billed there are no refunds.
18. For patients with plans that require prior authorization we cannot schedule pending authorization, if you decide to schedule beyond authorization as a self-pay patient we cannot go back and rebill insurance once authorized since the appointment you would have had as a self-pay patient would have consisted of the flat discounted rate and would not have any billing codes attached.
19. All scheduling, rescheduling, and cancelling needs to be done via the front desk, do not email or verbally tell your therapist they do not manage the schedule and any missed appointments due to not communicating with the front desk can result in a \$100 charge.
20. If you have provided your email or cell phone number you authorize our office to send appointment reminders, forms or leave a confidential message. Rates may apply for some plans.

**By typing your name below, you acknowledge it as a valid signature,
and agree to the HIPAA Policy and Office Policies:**

Date:_____ **Signature:**_____