BODY MECHANIX PHYSICAL THERAPY, PLLC

Date of Initial Examination (today's date):_____ DOB:_____
HEIGHT:_____ WEIGHT:_____

Name: First_____ MI_____ Last_____

Address: _____

Home Phone: _____ Cell Phone: _____

Social Security Number: _____ Sex: Male Female E-mail: _____

Emergency Contact/Phone #: _____

Referring Physician: _____ PRIMARY CARE DR:_____

Follow up scheduled with referring MD(if yes when?)?_____ Primary MD Follow up?_____

Date of injury (when did you notice): _____ most recently sought medical attention? _____

Surgery Performed (yes or no-if yes when?)? _____

What part of your body are you here for today? _____

History of falls in past 1yr? YES OR NO If yes,please explain: _____

Briefly describe the history of your injury or what made you seek treatment? (Please describe)

_____

_____

Is your sleep disturbed (if yes how many x's per night/wk)? _____

What Aggravates your pain? (please circle):
sitting, standing, walking, stairs(up), stairs(down), sit to stand, bending, voiding, lying down

Occupation and Work Status: _____

**What do you hope to gain by attending PT? _____

What is your pain? Pain Scale: 0 = None 5 = Moderate 10 = Extreme

	0	1	2	3	4	5	6	7	8	9	10
At worst:	◉	○	○	○	○	○	○	○	○	○	○	○
Current:	◉	○	○	○	○	○	○	○	○	○	○	○
At best:	◉	○	○	○	○	○	○	○	○	○	○	○

Pain Description (please circle all that apply):

Burning sharp dull/achy throbbing shooting numbness/tingling constant intermittent

Pain Location: _____

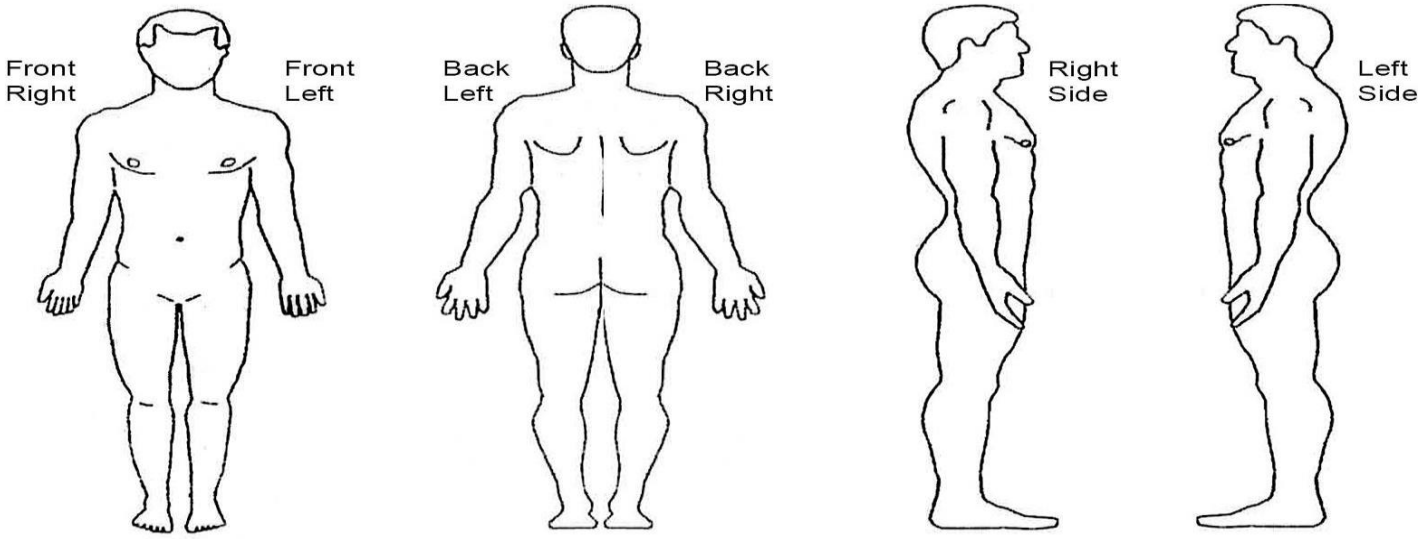
Any Previous Treatments/surgeries for Similar Symptoms? _____

Have you attended here before (if yes when & for what)?_____

General Health (please circle one): good fair poor other: _____

PAIN DRAWING

Instructions: Shade in these drawings according to where your symptoms are (if the right side of your neck hurts, shade in the drawing on the right side of the neck, etc.)



Medical History:

Condition	Yes	No	Condition	Yes	No
High Blood Pressure			Allergies to medications		
Heart Disease , Heart Attack, Pacemaker			Head injury/dizziness/migraines		
Cancer			Depression/anxiety		
Osteoarthritis			Open Wounds		
Osteoporosis			Skin Condition		
Rheumatoid Arthritis			Metal Implant/Fragments		
Diabetes: type 1 or Type 2			Do you smoke? How much?		
Fracture: of_____			Do you drink? How much?		
Stroke or TIA			Vascular Problems		
Infectious Disease			Neck or Back Problems		
Seizures/Epilepsy			Unexplained Weight Loss		
COPD/Bronchitis/Asthma			Pregnant Now		
Joint Replacements			Other medical? kidney		

If you answered YES to any of the above please explain: _____

**Please list any allergies to medications: _____

Please list any surgeries: _____

Have you had any X-Rays/MRI/Imaging on your injury (if yes what/where)?

_____

Current Medications: Prescription(dosage/frequency) please include vitamins & supplements:

_____

_____

**How did you hear about us(circle)? MD phone book attended before friend other:_____

PRIMARY INSURANCE INFORMATION

Insurance company Name: _____ ID#:_____

Group #:_____ Name of Person Insured: _____dob:_____ Relation: _____

Insured's Employer: _____

SECONDARY INSURANCE INFORMATION

Insurance Company Name: _____

ID#:_____ Group #:_____

Name of Person Insured: _____ Relation: _____

Insured's Employer: _____

NO-FAULT INSURANCE

No-Fault Carrier: _____

Date of Accident: _____ No-Fault Claim #:_____

WORKMAN'S COMPENSATION

WCB#: _____ Carrier Case#: _____ date of accident_____

Employer: _____

**Patient Signature:_____ date:_____

Body Mechanix Physical Therapy is dedicated to providing the best possible care for you in a warm comfortable environment. With this in mind, we have provided you with our policies to eliminate any confusion. It is our goal to keep your insurance and other healthcare requests as simple as possible and to make sure your healthcare experience is delivered with the thoroughness and superior quality you deserve. If at any time you have any questions, please call us at (716) 433-0070. It is our pleasure to help you.

Referrals: We require some form of script &/or referral/consultation from or with another licensed healthcare practitioner prior to treatment. If this is not arranged or received prior to your visit, then **only** a consultation/evaluation will be performed during the initial visit. Treatment will begin post referral/consultation. You must contact your PCP to request a referral. We are not responsible for making sure you have a referral; you must check with your carrier.

Scheduling: Body Mechanix Physical Therapy typically schedules a full hour for each patient for your initial consultation. After your initial consult you will be scheduled in half hour time slots. Please let us know if you have special work/school needs.

Canceled/ Missed Appointments: If you must cancel an appointment, we ask you to call at least 24hrs before your scheduled appointment time. Any **missed** appointments, **late cancel** or **no show/no call** could result in a $25 charge**. Please keep your scheduled appointments.**

Insurance Coverage: We accept most insurance plans however, there are a few insurance plans we do not accept or participate with including CIGNA, Empire plan (sometimes AETNA) that will be processed as out-of –network but we will bill CIGNA if you desire. We expect you to know your Physical Therapy benefits according to your plan prior to your visit. **We will help answer any questions you may have about your insurance plan but plans differ greatly so we hold you responsible to know your plan benefits. You will be responsible for any part not covered by your insurance**. We DO accept Medicare. If you do not have a secondary insurance plan you will be responsible for the 20% not covered by Medicare. If you have a secondary insurance, we will file that for you as well. You will be responsible for any part not covered by your Medicare and secondary insurance. Medicare Has a Yearly benefit maximum that varies per year. **The 2017 Therapy Max is $1,980.00 but changes yearly. Once you have reached this maximum you will be responsible for any part not covered by your Medicare and secondary insurance.**

We would like you to understand there are no guarantees to the accuracy of the verification process or any payment amounts received from your insurance company. The final indicator of your coverage is the check and or the Explanation of Benefits (EOB). Therefore: it is your responsibility to monitor the accuracy of the EOB you receive.

Returned Checks: There is a $25 fee for every returned check. After 1 returned checks we will ask that all future payments be made with cash.

Change of Information: It is important that you keep us updated with any changes in address, phone numbers, and insurances. Any changes will directly affect claims and the ability for us to contact you.

****Please read the guidelines above, check the appropriate box (on the next page), sign and date (on next page) that you understand and agree to our financial policy.****

( )**Commercial and/or Medicare PPO's Health Insurance (ie.blue cross, aetna, ind health, univera)** – You will verify your coverage prior to your visit and we will file your claims with the understanding you gave us the correct insurance information. You are responsible for your ***co-pays, deductibles*** or any ***balances*** not covered by your ***insurance.*** (View above policy)

( )**Medicare** – this office files claims and if you do not have a secondary insurance that covers Medicare remainders you are responsible for 20% of the Medicare allowed amount according to their fee schedule. (view above policy)

( )**Workers Compensation/No Fault** – if you have notified your employer and have a claim number and it has been pre-verified by this office to bill the insurance carrier, there should be no charge to you. If, however your claim number is invalid for any reason, you acknowledge you are financially responsible for $80 for the evaluation and $45/visit thereafter. The Workman's Compensation Board changed their regulations eff 12/10/10. You are eligible for 6- 8 weeks of Physical Therapy then you will need to return to your Physician.

If at any time you have any questions, please call our office at (716) 433-0070. It is our pleasure to help you. Acceptance of financial policy:

I accept the financial policy of Body Mechanix Physical Therapy, PLLC.

Signed: _____ dated:_____

Re: Estimates on Deductibles and Procedures

Due to recent changes in government and insurance policies, the providers of BODY MECHANIX PHYSICAL THERAPY, pllc are working to be proactive and give patients estimates for upcoming procedures and visits when they have deductibles and changes in co-payments.

We will be asking for payment up front. Our staff is working diligently to get you this information, but as you are aware, deductibles update on a daily basis. Our staff will inform you prior to your visit of the cost related to your visit. These services can **be** costly when you still need to meet your deductible and/or coinsurance. Should you decide to move forward and receive the service, our policy is to collect your portion at the time of the visit. Our goal is to give you this information prior to the service being rendered.

HIPAA-Your Health Information is Protected by Federal Law

What Information is Protected? -Information your doctors and other health care providers put in your medical record. -Conversations your doctor has about your care or treatment with others. -Information about you in your health insurers computer system. -Billing information about you from your clinic/healthcare provider. -You decide i f you want to give permission before your health information may be shared. -I f you believe your health information isn't being protected, you can: File a complaint with your health care provider or health insurer File a complaint with the US Government - You can ask your provider or health insurer questions about your rights.

Providers and health insurers are required to follow this law and must keep your information private by: -Teaching people who work for them how your information may and may not be shared. -Taking appropriate and reasonable steps to keep your health information secure.

To make sure your information is protected in a way that does not interfere with your healthcare, your information can be used and shared:
-For your treatment and care Coordination.
-To pay doctors and hospitals for your healthcare.
-With family, friends or others you identify who are involved with your healthcare.

For more information: http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Signature _____ Date _____

Acknowledgement of Receipt of Notice of Privacy Practices

By my signature below, I hereby acknowledge receipt of the Notice of Privacy Practices (available upon request):

Medical Information Release Form (HIPAA Release Form)

Name: _____Date of Birth: _____

Release of Information I authorize the release of information including the diagnosis, records; examination rendered to me and claims information. This information may be released to: (PLEASE CIRCLE)

- Spouse
- Child(ren)
- Other
- Information is not to be released to anyone. This Release of Information will remain in effect until terminated by me in writing.

.Signed: _____Date:_____

ATTN: workman's comp patients

As per the Workman's Compensation Board eff 10/1/11 Physical Therapy Services are limited by Guidelines that must be followed by our office.

If you are coming to physical therapy and covered by Workman's compensation you are allowed 6weeks of Physical Therapy for NECK, BACK, and KNEES and 8weeks for SHOULDERS (12weeks for shoulder if you had surgery)

What this means to you?

- You will be in therapy for the allowed amount of time and you will need a script from your MD for initial treatment and may be required to provide us with a script for continued PT after 30day (from date of initial script)

- At the 6weeks (NECK, BACK, KNEES)/8-12 weeks (shoulder) you will be **discharged** to return to your MD for a follow up. At this time you should discuss with your MD if you are to continue therapy. If they would like you to continue you can ask the office to submit the MG-2 on your behalf. **We will not be able to continue therapy until AFTER your MD has submitted a request (MG-2) to your workman's comp carrier and they have approved further treatment.**

- A script to continue PT does NOT mean you have been approved; you must wait for an approval of the MG-2 request.

- Once your MD calls you or you receive the approval you should call our office to schedule an appointment.

- The MD can fax the approval to our office at 716-433-1171

If you have any questions please call our office at any time. 716-433-0070