

Core Physical Therapy Clinics, LLC – Paper Registration Form

<i>Patient Name</i>			Date
<i>DOB:</i>	// //	<i>Gender:</i>	Male Female
<i>Address:</i>			
<i>City</i>		<i>State:</i>	<i>Zip Code</i>
<i>Phone:</i>	<i>Home:</i>	<i>Cell:</i>	<i>Work:</i>
<i>Email:</i>			
<i>Emergency Contact</i>	<i>Name</i>	<i>Phone:</i>	
<i>Employer:</i>			
<i>Insurance Plan Carrier</i>			
<i>Subscriber Name</i>			<i>DOB:</i> // //
<i>Subscriber ID</i>			<i>Group #</i>
<i>Secondary Insurance</i>	<i>Carrier</i>	<i>ID #</i>	
<i>Referring Physician</i>	<i>Name</i>	<i>Phone:</i>	
<i>Primary Care Physician</i>	<i>Name</i>	<i>Phone:</i>	
<i>Have you already had Physical Therapy this year?</i>	YES	NO	<i>How many visits? (Approximately)</i>
<i>Is there a Lawyer involved with this case?</i>	YES	NO	<i>Name:</i>
<i>Firm Name:</i>			<i>Phone:</i>
<i>Is there a Case Manager involved with your claim?</i>	YES	NO	<i>Name:</i>
<i>Company Name:</i>			<i>Phone:</i>

Any additional information regarding your demographics or handing of your information you would like to add?

Signature: _____ Date: _____

Patient Name: _____ Age: _____ Sex: F _____ M _____

Main complaint and location? _____

Occupation: _____ Currently working? _____

Is this the first occurrence of symptoms? _____ If no, when? _____

Have you had physical therapy for this before? _____ Where? _____

Please check all that apply to this injury:

- Injured at work Sports Injury Fall Car Accident Lifting injury
 Reoccurring injury Other: _____

What has decreased your pain? _____

On a scale of 0 (no pain) to 10 (emergency room), what is your average pain? _____

What activities are difficult for you because of this condition? _____

Please check all conditions that apply to you:

- | | | |
|--|--|--|
| <input type="radio"/> Heart problems | <input type="radio"/> AIDS/HIV | <input type="radio"/> Dizziness |
| <input type="radio"/> Diabetes | <input type="radio"/> Intolerance to Heat/Cold | <input type="radio"/> High Blood Pressure |
| <input type="radio"/> Currently Pregnant | <input type="radio"/> Seizures | <input type="radio"/> Car Accident in Past |
| <input type="radio"/> Osteoporosis | <input type="radio"/> Fractures | <input type="radio"/> Respiratory Problems |
| <input type="radio"/> Cancer (any history) | <input type="radio"/> Metal Implants | <input type="radio"/> Arthritis (any kind) |

If you answered yes to anything above, please give more information if possible: _____

Which imaging studies have you had for this problem?

- X-Ray MRI CT scan Bone Scan Other: _____

Any Surgeries? When? _____

Anything else we should know about your health? _____

PATIENT SIGNATURE _____ DATE: _____ PT initials: _____



Consent to Treat

I hereby authorize and give my consent to Core Physical Therapy Clinics LLC and its affiliates to provide me with Physical Therapy Services that fall under the scope of practice in the State of Illinois.

Initial

Financial Policy

Core Physical Therapy Clinics LLC will work with you and your physician to provide the most effective treatment possible. Prompt payment for your treatment is important to our clinic in order to continue providing the best service possible. Please become familiar with our clinics financial policy.

1. Payment of co-pays/deductibles, are expected at the time of service. They will be collected prior to your treatment.
2. Payment of your balance is expected at the time of service, unless prior arrangements have been made with our clinic.
3. Our clinic does accepts cash as payment. We also accept, checks, Visa, MasterCard, and Discover debit/credit cards.
4. Our clinics offer payment plans by request. Payment plan will be charged interest at 5% per month. If you anticipate problems paying your bill, please allow us to assist you by letting your therapist know.

initial

Insurance Policy

Core Physical Therapy Clinics LLC accepts all major insurances, excluding HMOs, and will work with you on submitting claims. Please understand that your medical insurance is a contract between you and your insurance company, as we are just the provider of services. Be aware that your insurance may not cover some, or any, of your care not deemed medically necessary by the insurance company. Even though your referring provider and therapist believe that your care is necessary, insurance companies may define medical necessity differently. You will ultimately responsible for charges not covered. We bill for services directly to your insurance company as a courtesy to our patients. Co-pays must be paid at the time of service to abide by this contract. If your policy requires a referral, please let our office know and we can assist in obtaining one for you. Failure to obtain a referral may result in loss of insurance coverage for your care.

I authorize payment of benefits to be made directly to Core Physical Therapy LLC for services rendered and acknowledge the statements above

signature

date



Personal Items and Clothing

We encourage our patients to dress appropriately for treatment and exercise activity. Loose fitting clothes such as wind pants/shorts and t-shirts/tank-tops are the best for your therapy sessions. Please be prepared to expose the area that requires treatment during your visit. We have an area available if you need to change clothing. Core Physical Therapy Clinics LLC is not responsible for lost/stolen items. Items can be secured for you, please ask your therapist.

Use of E-mail

Core Physical Therapy Clinics LLC may use email as a means of communication with our patients. The ability to communicate in real time with patients can be a valuable tool in optimizing patient care. While used widely in the general population, e-mail is not the most secure means of communication. Though unlikely, it may be possible for unintended parties to view potentially sensitive health information. Core Physical Therapy Clinics safe guards your information, but cannot ensure your information will not be intercepted in transit. Credit card information will never be asked for or sent by our clinics to anyone. You may ask for alternate communication means and/or dictate what information we can send by email below.

Electronic Communication Preferences (check or circle one):

- Email communication is acceptable in all cases.
- Email may not contain medical information, i.e. appointment reminders only
- Do not contact me by email for any reason, phone calls or US Mail only.

Special Instructions:

[initial]

Worker's Compensation Patients

As a part of your claim agreement, we are required to report absences/missed appointments for treatment to your adjuster/case manager. All treatments should be re-scheduled as soon as possible for the continuity of care.

Patients of Chicago Chiropractic & Sports Injury Centers - Release of Information

Current patients of Chicago Chiropractic & Sports Injury Centers Only - You acknowledge and allow the release of your information from Chicago Chiropractic & Sports Injury Centers to Core Physical Therapy Clinics. Core Physical Therapy Clinics will obtain your billing, insurance, and your submitted history forms in order to register you for physical therapy services. We ask for this release to cut down on paperwork redundancy and paper waste. All identifying and health related information will be kept in the strictest confidence in accordance to HIPAA laws.



Notice of Information Practices and Privacy Statements

How We Collect Information About You: Core Physical Therapy LLC and its employees and volunteers collect data through a variety of means including but not necessarily limited to letters, phone calls, emails, voice mails, and from the submission of applications that is either required by law, or necessary to process applications or other requests for assistance through our organization.

What We Do Not Do With Your Information: Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voice mails), contained in or attached to applications, or directly or indirectly given to us, is held in strictest confidence. We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about patients or clients who apply for or actually receive our services that is considered patient confidential, is restricted by law, or has been specifically restricted by a patient/client in a signed HIPAA consent form.

How We Do Use Your Information: Information is only used as is reasonably necessary to process your application or to provide you with health or counseling services which may require communication between Core Physical Therapy Clinics LLC and health care providers, medical product or service providers, pharmacies, insurance companies, and other providers necessary to: verify your medical information is accurate; determine the type of medical supplies or any health care services you need including, but not limited to; or to obtain or purchase any type of medical supplies, devices, medications, insurance, If you apply or attempt to apply to receive assistance through us and provide information with the intent or purpose of fraud or that results in either an actual crime of fraud for any reason including willful or un-willful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law.

Information We Do Not Collect: We do not use cookies on our website to collect data from our site visitors. We collect information that you provide for insurance verification that is then contained in your medical record and held in confidence. Any other feedback you provide through our website is anonymous. We do use some affiliate programs or advertising that may or may not capture traffic data through our site if you choose to visit those sites.

Limited Right to Use Non-Identifying Personal Information From Biographies, Letters, Notes, and Other Sources: Any pictures, stories, letters, biographies, correspondence, or thank you notes sent to us become the exclusive property of Core Physical Therapy Clinics LLC. We reserve the right to use information about our patients (those who receive services or goods from or through us) for fundraising and promotional purposes that are directly related to our mission. Patients will not be compensated for use of this information and no identifying information (photos, addresses, phone numbers, contact information, last names or uniquely identifiable names) will be used without client's express advance permission.

You may specifically request that NO information be used whatsoever for promotional purposes, but you must identify any requested restrictions in writing. We respect your right to privacy and assure you no



identifying information or photos that you send to us will ever be publicly used without your direct or indirect consent.

A copy of our HIPPA Practices Act can be provided to you at your request.

I have read the Core Physical Therapy Clinic's HIPPA statement.

[signature]

[date]

Cancellation Policy

In order to effectively treat your condition, you are expected to attend all therapy sessions you have scheduled. We require a minimum of 24 hour notice for all cancellations. We give patients 1 "freebie". If you cancel 2 or more appointments with less than 24 hours notice, we reserve the right to assess a \$50 cancellation fee per missed visit. You will be required to keep a credit card on file to secure your future appointments. If the patient is able to re-schedule the appointment for later in the week, no fee will be assessed providing that the patient attends the make-up session.

Be aware that cancellations affect not only your care, but that of others. Time slots are reserved to help you meet your therapy goals, and therefore, unavailable to others. A cancellation denies you the chance to get better, and possibly another patient who could have used that time.

I acknowledge the statements made above and agree to the above terms.

[signature]

[date]