

EAST VALLEY PHYSICAL THERAPY AND AQUATIC REHABILITATION

CONSENT FOR TREATMENT I give permission to East Valley Physical Therapy and Aquatic Rehabilitation to care for and treat me or my minor child. I understand the therapist will explain my plan of care and any risks. I have the right to refuse any and all treatment. I give permission to have my photo taken and entered into my file for purpose of identification.

AUTHORIZATION TO RELEASE INFORMATION I authorize East Valley Physical Therapy and Aquatic Rehabilitation to release my Protected Health Information to my referring health care provider for continuity of care and to my insurance carrier for purposes of submitting claims and collecting payment. I am aware that the Notice of Privacy Practices is posted in this office, and I may request a copy for my review. I understand that I can limit the release of my Protected Health Information by submitting a written request to the Privacy Officer. This authorization meets the needs of HIPPA (Health Portability and Accountability Act) guidelines set forth by the Federal Government,

FINANCIAL RESPONSIBILITY I understand I am responsible for any amount not covered by my insurance company and if my insurance company does not acknowledge within 90 days the balance will become my responsibility. Benefits quoted by East Valley Physical Therapy are not a guarantee as they only quote what the insurance quotes them. If any proceeding or actions shall be brought against me to recover any outstanding balance I agree to pay all costs and expenses including reasonable attorney fees. I understand East Valley Physical Therapy and Aquatic Rehabilitation will submit my secondary insurance claim, but third party insurance claims will be my responsibility to submit.

CANCELLATION / NO SHOW POLICY If you are unable to attend your scheduled appointment please notify the office 24 hours in advance when possible. We understand emergencies and illness may occur. If repetitive cancellations and no shows occur you will be charged a fee of \$45.00 per occurrence. The cancellation fee is your responsibility, as most insurance companies will not compensate our practice for missed appointments. We reserve the right to not reschedule any patient who cancels or no show two or more times.

I have been given the opportunity to read and I understand this facility's pool rules and the Medicare Benefit guidelines as they may pertain to me.

(PATIENT OR PARENT SIGNATURE)

(DATE)

NAME _____ DATE OF BIRTH _____ AGE _____

ADDRESS _____

HEIGHT _____ ft _____ in WEIGHT _____

MEDICATION	DOSE	TIMES PER DAY
<input type="checkbox"/> SEE ATTACHED		

PLEASE LIST ANY ALLERGIES TO MEDICATIONS INCLUDING CORTISONE AND ADHESIVE TAPE:

HAVE YOU HAD ANY MEDICAL CONDITONS WE SHOULD BE AWARE OF, INCLUDING BUT NOT LIMITED TO:

- DIABETES ___ HEART CONDITON ___ CVA/STROKE ___
CANCER ___ SEIZURE DISORDER ___ PREGNANCY ___
PACEMAKER ___ INDWELLING STIMULATOR ___
PAIN PUMP OR INSULIN PUMP ___ OTHER _____
NONE _____

TO ALL MEDICARE PATIENTS:

PLEASE READ CAREFULLY

This office is Medicare certified and accepts direct assignment. These are the guidelines applying to Medicare billing and payment.

- A. This office will do all Medicare insurance billing.
- B. If Medicare does not automatically file your secondary insurance, this office will bill your secondary insurance **as a courtesy to you**. However, if your secondary insurance does not acknowledge within **60 days**, the balance will be your responsibility. We **do not** bill tertiary (third) insurances.
- C. All patients are responsible for charges not covered by insurance as well as all co-insurance and/or deductible amounts. You will be billed any monies due on a monthly basis once we have heard from Medicare and your secondary insurance.
- D. Effective January 1, 2017, Medicare implemented a **\$1980.00 annual maximum** on outpatient physical therapy and speech therapy, known as the “therapy cap”. You may be responsible for any amounts over the cap.
- E. **It is very important that you notify the front office and your therapist if you have had any *out patient or in home* physical or speech therapy at any time during this calendar year.**

If you have any questions, please feel free to ask at any time.

GUIDELINES/RULES FOR EVPT AQUATIC REHABILITATION CENTER

Welcome to East Valley Physical Therapy's Aquatic Rehabilitation Center. We appreciate your confidence in allowing us to assist in your rehabilitation and fitness needs. We hope that your time with us will be pleasant and we will do our best to meet your therapeutic needs and goals.

In order to maintain quality and efficiency we ask that you comply with the following:

- 1) Always check in at the main office prior to entering the Aquatic Center.**
- 2) Please shower before coming to aquatic therapy. We do have showers and dressing rooms available. Please limit the amount of time in the dressing room and shower as there may be others waiting.**
- 3) Avoid use of oils, lotions, or medicated creams prior to use of the aquatic center.**
- 4) Please do not bring food or drink inside the pool area.**
- 5) Please respect exercise areas of others so all may enjoy the benefits of aquatic therapy.**
- 6) Be careful of wet surfaces walking slowly inside the pool area and always use bars when entering or exiting the pool.**
- 7) NO INCONTINENT, CATHETERIZED, OR OSTOMY PATIENTS ARE ALLOWED IN THE POOL.**
- 8) Please use the restroom prior to entering the water.**
- 9) DO NOT ENTER THE POOL IF YOU HAVE ANY INFECTIONS, OPEN WOUNDS, OR SORES. If you have any questions, please check with a therapist.**
- 10) For safety reasons only patients or clients are allowed in the pool area.**
- 11) Aquatic shoes are not to be worn directly from the street to the pool. Please carry them with you.**
- 12) Please wear appropriate swimming attire for use of the pool. Please bring your own towel.**
- 13) Lock all valuables in the lockers provided. We will not be responsible for lost or stolen items.**
- 14) Patients or clients requiring assistance with dressing before or after using the pool MUST be accompanied by a caregiver who can provide assistance and bring with them any necessary adaptive dressing equipment. The caregiver should remain available within the facility in case of any unexpected problems that may occur during the aquatic session.**

Thank you for your compliance.