Insurance Verification Form

FINANCIAL POLICY STATEMENT:

As a courtesy we will verify your coverage and bill your insurance carrier on your behalf for in-network policies only. However, you are ultimately responsible for the payment of your bill. We will make a maximum effort of two attempts to bill and collect from your insurance. It will then be your responsibility to bill and collect from your insurance if you want reimbursement for paying us. You will be responsible at the time of service for payment of the annual deductible, co-insurance, co-payments and charges for any non-covered services and supplies.

Patient Name: _____ **Patient DOB:** _____

Insurance Name: _____ **Circle:** Primary / Secondary / Tertiary

Insured ID #: _____ **Group #:** _____

Date & Time Verified: _____ **Spoke With:** _____

Confirmation #: _____ **Are we In-Network with this policy?** Y / N

Effective Date: _____ **Home Health within the last month:** Y / N

Individual Deductible for: In $_____ Out $_____ Met $_____

Family Deductible for: In $_____ Out $_____ Met $_____

Out of Pocket: In $_____ Out $_____ Met $_____

Co-Insurance: In _____ Out _____

Co-Pay: $_____ due at each visit

PT Visit Limit #: _____ **Met #:** _____

Modality Limit: _____

Pre-Existing: Y / N (If yes, check with patient to see if it's for the current diagnosis)

Pre-Certification Required: NO YES - after _____ visits

Notes: _____

HRA Balance: $_____

*****This is only an estimate and is not a guarantee*****

I clearly understand and agree that I am personally responsible for payment in full for all services rendered to me. I understand that I am personally responsible for payment in full for any and all services not covered by insurance. It is my responsibility to know whether or not my insurance covers the services offered by Russ Physical Therapy.

Patient/Responsible Party Signature: _____ **Date:** _____

Russ Physical Therapy Representative: _____ **Date:** _____

russ PHYSICAL THERAPY
solutions. action. improved lives

Cancellation Policy

Here at Russ Physical Therapy, we have a No Show and Cancellation Policy to deter patients from canceling visits with less than 24 hours' notice. The goal of care is to achieve the best possible outcomes, but multiple cancellations prevent that.

Policies are as follows:

Cancellation Policy

- 1st Time: Everyone gets a freebie. Life happens
- 2nd Time: $140.00 Fee
- 3rd Time: $140.00 Fee, Future Visits Removed, Added to Same Day Scheduling List
- (*All work comp and Military Insurance Providers will be informed of each cancellation per their request)

No Call / No Show Policy

- 1st Time: $140.00 Fee
- 2nd Time: Discharged From Treatment and MD informed of Non-Compliance
- (*All work comp and Military Insurance Providers will be informed of each Show per their request)

We are now offering the **Same-Day Scheduling Program for our commuter patients who have difficulty maintaining their appointments due to external factors**. Individuals who have canceled 3x during their Plan of Care will be added to the Same Day Scheduling List. This will prevent patients from racking up multiple cancellation fees.

- Individuals on the SDSL will have the opportunity to call within 24 hours to get on the schedule (pending provider availability)
- The office will also contact patients on this list throughout the week, as provider availability permits.

If the patient has any questions, concerns, or disputes regarding the aforementioned policies a Customer Support Ticket will be made and sent directly to Administration for review.

Patient's Signature: _____ Date:_____

Please complete the following if the patient is *a minor or unable to consent.*

Name of person legally authorized to sign for this patient: _____

Relationship to patient: _____
Signature of Authorized Person: _____ Date:_____

russ PHYSICAL THERAPY
solutions. action. improved lives

PATIENT AUTHORIZATION FOR TREATMENT / INFORMED CONSENT

APPOINTMENTS: Patients are seen by appointments only and therefore, it is advisable for you to schedule your appointments in one or two week intervals. If you do need to cancel, please give 24-hour notice. Any missed appointments may result in a $140 cancellation/no show fee. This charge will not be covered by insurance, but will have to be paid by you personally prior to receiving additional treatment. Failure to call within 24 hours to cancel will result in a $140 fee.

CONSENT FOR CARE AND TREATMENT: Russ Physical Therapy will complete an evaluation by examination and interview. Your individual treatment program will then be designed. A variety of treatment techniques may be used. I the undersigned do hereby agree and give my consent for Russ Physical Therapy to furnish physical therapy care and treatment considered necessary and proper in evaluating or treating my physical condition.

I authorize Russ Physical Therapy to contact me via phone call, text message, and e-mail for appointment reminders and promotions. (We value your privacy and will NOT give/sell this information to other business.)

RELEASE OF INFORMATION / ASSIGNMENT OF BENEFITS: All information provided herein is true and correct. I give permission to Russ Physical Therapy to release/obtain information, verbal and written, contained in my medical record, and other related information, to/from my insurance company, case manager, attorney, related healthcare provider, assignees and/or beneficiaries and all other related person, as needed. I authorize irrevocable direct payment to Russ Physical Therapy for services rendered.

NON-COVERED SERVICES: I understand that I am responsible for charges not covered or reimbursed by my insurance. I understand that I am financially responsible for all charges whether or not paid by insurance.

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES: I acknowledge that RUSS PHYSICAL THERAPY'S HIPAA Privacy Notice can be found in the white binder in the waiting area. I understand the content of the Notice of Privacy Practices and will be provided with a copy upon my request. I acknowledge that Russ Physical Therapy may disclose my "protected health information" (PHI) in compliance with HIPAA Privacy Provisions which may include my medical records, to any third party payers, including, but not limited to health insurers, health care service plans, state and federal agencies, workers compensation carriers. This includes appropriate release and disclosure of my medical records in compliance with Privacy Provisions to my physicians and other health care providers when necessary for my treatment and general health. I give Russ Physical Therapy my permission to take my picture for identification purposes.

HIPAA PRIVACY NOTICE: I acknowledge that I have been given the opportunity to review Russ Physical Therapy's HIPAA Privacy Notice and its contents.

I have read, understand and agree to all the policies as stated above.

Patient or Guardian Signature: _____ Date: _____

CONSENT FOR TREATMENT OF A MINOR: I authorize Russ Physical Therapy to treat _____ while I am not present.

Patient or Guardian Signature: _____ Date: _____

russ PHYSICAL THERAPY
solutions. action. improved lives

Important Company Policies for a Successful Relationship

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 indicate your agreement.

[ ] Late Policy "10-minutes"
Being late by more than 10 minutes will require you to either reschedule or wait for the next available opening. There are no guarantees since openings 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 $140 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 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 $140 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
Unless your facility offers child care services, 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.

[ ] Financial Hardship
If you are experiencing financial difficulties and are unable to afford the cost of our services we have a "Financial Hardship Form" which may be filled-out. If you qualify for financial assistance according to the Federal guidelines, we may legally assist you by waiving or discounting your (patient responsibility) portions of the bill. Ask the front desk person for assistance.

[ ] Credit Card on File Policy
I authorize and request Russ Physical Therapy to charge my credit card for balances due for services rendered that my insurance company identifies as my financial responsibility. This authorization relates to all payments not covered by my insurance company for services provided to me by Russ Physical Therapy. This authorization will remain in effect until I cancel this authorization. To cancel, I must give a 30-day notification and my account must be in good standing.

Patient's Signature: _____ Date:_____

russ PHYSICAL THERAPY
solutions. action. improved lives

VISUAL PAIN INDEX

Please rate your pain level from 0 (No pain) to 10 (Worst pain ever):

☐ ☐

No pain *Worst pain ever*

0 1 2 3 4 5 6 7 8 9 10

russ PHYSICAL THERAPY
solutions. action. improved lives

T-Shirt Size Selection

(For future patient appreciation gifts)

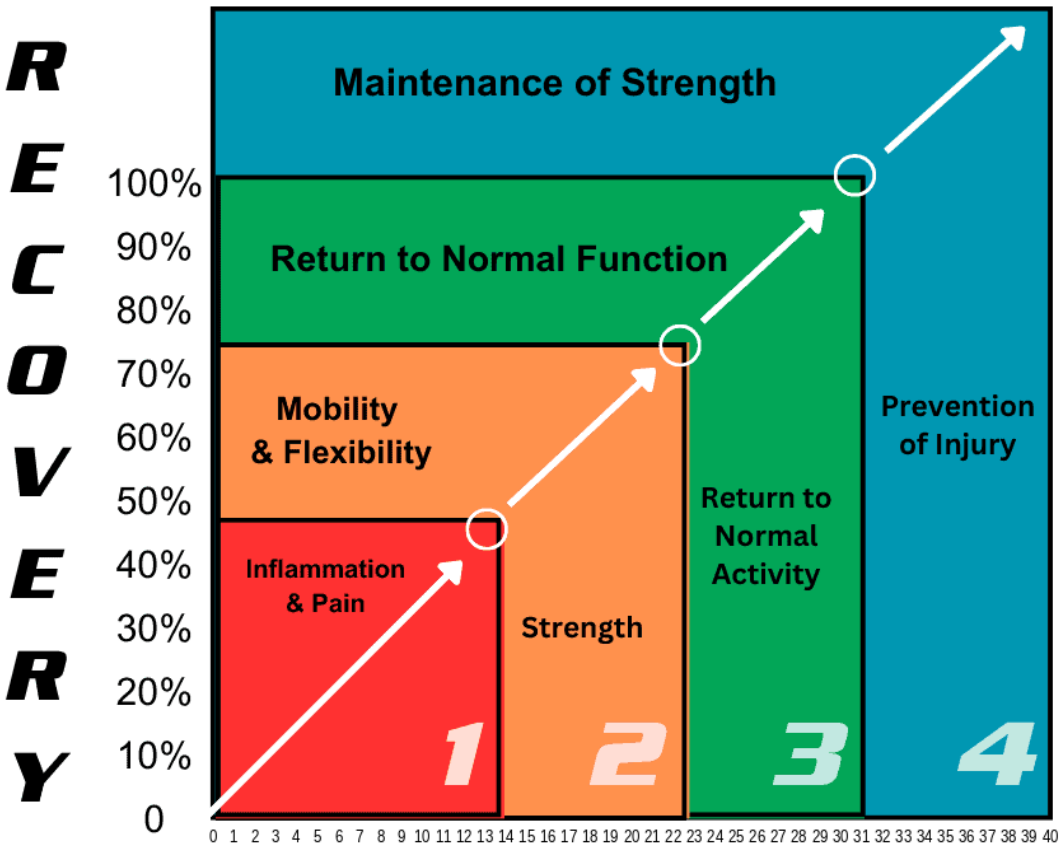
- ❑ XS
- ❑ S
- ❑ M
- ❑ L
- ❑ XL
- ❑ XXL
- ❑ XXXL

_____

_____

russ PHYSICAL THERAPY
solutions. action. improved lives

4 Phases of Recovery



Disclaimer: This chart is a visual representation of the phases of recovery only. Visit ranges and progression are illustrative and are not an estimated or guaranteed outcome. Individual recovery timelines and results may vary.

russ PHYSICAL THERAPY
solutions. action. improved lives

Food List

Protein

Chicken breast
Turkey breast
Lean ground turkey
Swordfish
Orange roughy
Haddock
Salmon
Tuna
Top round steak
Top sirloin steak
Lean ground beef
Buffalo
Egg whites or substitutes
Trout
Low-fat cottage cheese
Wild-game meat
Turkey Bacon
Greek Yogurt

Complex Carbohydrates

Potato
Sweet potato
Yams
Squash
Pumpkin
Steamed brown rice
Steamed wild rice
Lentils
Couscous
Kashi
Bulgur
Whole-wheat pasta
Oatmeal
Barley
Beans (black, kidney)
Corn
Strawberries
Melon
Apple
Orange
Yogurt
Milk
Whole-wheat bread
High-fiber cereal
Whole-wheat tortilla
Whole-wheat pita bread
Whole grains

Vegetables

Broccoli
Asparagus
Lettuce
Carrots
Cauliflower
Green beans
Green peppers
Mushrooms
Spinach
Tomato
Peas
Brussels sprouts
Artichoke
Cabbage
Celery
Zucchini
Cucumber
Onion

Vegetable Proteins

Tempeh
Seitan
Tofu
Texturized vegetable protein Soy foods
Veggie burgers

Healthy Fats

Avocado
Sunflower seeds
Pumpkin seeds
Cold-water fish
Natural peanut butter
Cheese
Low-sodium nuts
Olives and olive oil
Flax seed oil
Coconut oil
Butter - grass fed/finished

What Not to Eat (except on your Free Day)

Protein

Pork bacon
Deep-fried meat such as fried chicken, chicken fingers, fish sticks, Buffalo wings, etc.
Hamburgers and fatty cuts of beef Hot dogs

Simple Carbs

Cookies
Cake
White rice
White bread
Crackers
Candy
French Fries
Chips
Doughnuts
Soda

Unhealthy Fats

Lard
Mayonnaise
Cream-based sauces
Seed Oils

Eat 4-6x/day - 1 palm sized protein & 1 fist sized carb
As many vegetables in the list as you would like
Drink 8-12 servings of water (8 oz.). Avoid white flour & white sugar foods.