



Financial Policy Statement

Back on Track Physical Therapy will bill your insurance carrier out of courtesy and convenience for you. However, you are ultimately responsible for payment for the services that you receive. If your insurance company does not remit payment within 90 days, the balance will be due in full from you. If payment of services is made directly to you, you must promptly remit the payment to our clinic. If your insurance company remits only a percentage of the total balance due, you are responsible for the remainder of the balance (this may include deductibles, co-insurance or any portion which is not covered by insurance). If my account goes to collections, I will be responsible for all fees incurred. A \$5.00 re-bill fee will be added to patient balances more than 30 days past due. **Please keep in mind that co-pays are due at the time of service.**

Consent for Treatment

I agree to give my consent for Back on Track Physical Therapy to furnish rehabilitation services to (patient's name) _____ considered necessary and proper in the treatment for my physical condition.

Authorization for Disclosure of Medical Records

I authorize Back on Track Physical Therapy to release any and all medical records (including testing, evaluation and therapeutic information) to my referring physician, hospital/clinic and guarantor/insurance carrier. If you would like your notes sent to additional individuals and/or physicians, please list their name below:

Cancellation/No Show Policy

Appointments made represent time set aside specifically for you. All cancellations should be made at least **24 hours** prior to the scheduled visit except in case of illness or emergency. Patients who cancel or no show on three separate occasions without good cause will be allowed to schedule additional appointments only at the discretion of the treating therapist. By law, all cancellations and no shows involving workers compensation claims must be reported to the treating physician and workers compensation carrier. All no-call/No-show appointments will result in a \$15.00 "no-show" fee which you, the patient will be billed.

Information Privacy Statement

Back on Track Physical Therapy will use and disclose your personal health information to treat you, to receive payment for the care provided, and for other health care operations. Health care operations generally include those activities we perform to improve the quality of care. We have prepared a detailed Notice of HIPAA Privacy Practices to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facility, on our website and have copies available if needed. By signing below, I acknowledge receipt of this information on the date this form was signed.

I understand and agree to the Financial Policy Statement, Consent for Treatment, Authorization for Disclosure of Medical Records, Cancellation/No Show Policy and the Information Privacy Statement above:

Patient/Guardian: _____

Date: ____/____/____



Patient Information

Patient Name: _____ Age: _____ DOB: ____/____/____

Marital Status: Married:____ Single:____ Other: _____

Number of children: _____

Who is your family physician? _____

Do we have your permission to report your progress to your physician? Yes ____ No ____

Is your injury a result of:

Workers Comp ____ Auto ____ Personal ____ Other _____

Date: ____/____/____ Date: ____/____/____ Date: ____/____/____

Date: ____/____/____

Patient Personal & Social

Please list your leisure activities: _____

How many caffeinated coffee/beverages to you drink per day? _____

Do you smoke? Yes ____ No ____ If yes, how many packs of cigarettes smoked daily? _____

How many days per week you drink alcohol? _____ How much do you drink at an average sitting? _____

Patient Work Setting

Occupation: _____

Job Duties: _____

Restrictions: _____

Have you had any of the following diagnostic tests?

Test	Yes/No	Where Performed?
X-Ray		
MRI		
Bone Scan		
EMG		
Bone Density		
Lab		
Other (list)		

Medications

Please list all medications (includes over-the-counter medications):

_____	_____	_____
_____	_____	_____
_____	_____	_____

In your own words, describe your chief complaint? _____

How did your pain begin or injury occur? _____

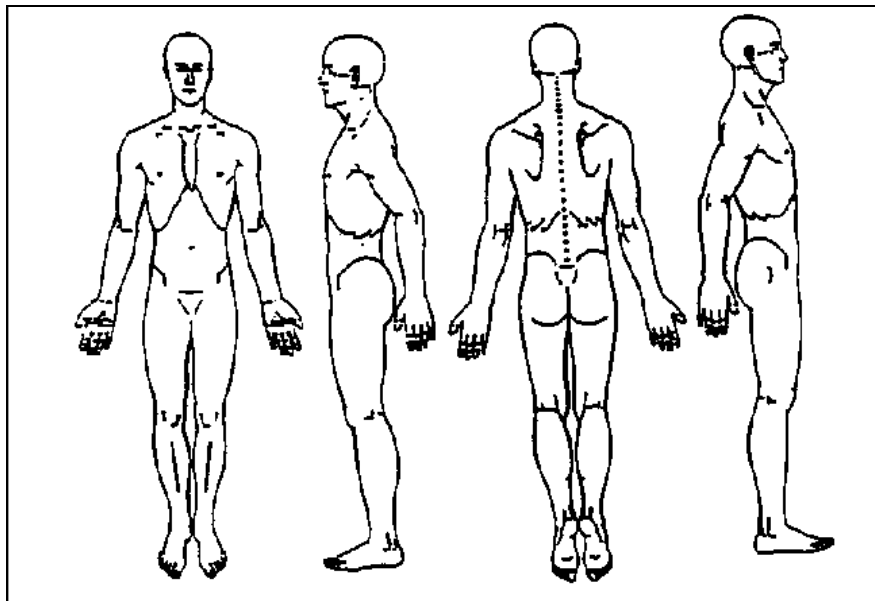
What limitations do you have due to your pain and/or injury? _____

Does pain wake you at night? Yes _____ No _____

In the past month, have you thought you are getting: Better _____ Worse _____ Same _____

Was your pain different when it first started? If yes, how so? _____

Indicate your symptoms on the body using the following symbols: X=Pain O=Numbness or Tingling



How much pain do you have right now?

0 1 2 3 4 5 6 7 8 9 10

Patient/Family Medical History

Please mark whether you or a family member (parents or siblings) have ever been diagnosed as having the following:

You	Family	Condition	You	Family	Condition
		AIDS/HIV			Headaches
		Alcoholism/Chemical Dependency			Heart Attack/Heart Disease
		Anemia			Hepatitis
		Asthma			High Blood Pressure
		Arthritic conditions			Kidney Disease
		Cancer			Multiple Sclerosis
		What Kind?			Rheumatoid Arthritis
		Depression/Mental Illness			Stroke
		Diabetes			Thyroid Problems
		Emphysema			Tuberculosis
		Epilepsy			Other:

Please list any injuries or conditions that you have been treated for including surgeries and hospitalizations:

Date	Injury/Surgery/Hospitalization/Reason
_ / _ / _	_____
_ / _ / _	_____
_ / _ / _	_____
_ / _ / _	_____
_ / _ / _	_____
_ / _ / _	_____

(Use back side of this page if necessary)

To the best of my knowledge, the above information is complete and truthful.

Signature: _____ Date: ___ / ___ / ___

Printed name: _____

Back on Track, Inc.
Notice of Patient Information Practices
Effective April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO INFORMATION. PLEASE REVIEW IT CAREFULLY.

Back on Track, Inc.'s LEGAL DUTY

Back on Track, Inc. is required by law to protect the privacy of your personal health information, provide this notice about our information practices and follow the information practices that are described herein.

USES AND DISCLOSURES OF HEALTH INFORMATION

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

Back on Track, Inc. may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information when required by law.

In any other situation, Back on Track, Inc.'s 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.

Back on Track, Inc. may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in the waiting room and the patient exam areas and will be provided to you on your next visit. You may also request an updated copy of our Notice of Information Practices at any time.

PATIENTS INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time. 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 where 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 circumstances. Back on Track, Inc. will consider all such requests on a case by case basis, but the practice is not legally required to accept them.

CONCERNS AND COMPLAINTS

If you are concerned that Back on Track, Inc. 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 our practice manager at the address listed below. You may also send a written complaint to the US Department of Health and Human Services. For further information on Back on Track, Inc.'s health information practices or if you have a complaint, please contact the following person:

Back on Track, Inc.
J. Kevin Younger, MPT, STC, CPI

4835 West 10th Street, Suite B
Greeley, CO 80634
(970) 346-6116

3755 Precision Drive, Suite 100
Loveland, CO 80538
(800) 501-0887