



Patient Information

Today's Date: _____

Patient Name: _____ Sex: M F
Single Married Widowed Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (work) _____ (cell) _____

Permanent Address (if different than above): _____

City: _____ State: _____ Zip: _____

Patient Date of Birth: _____ Age: _____ SSN: _____

Primary Insured Date of Birth: _____ Age: _____ SSN: _____

Employer: _____ Occupation: _____

Work Address: _____

Emergency Contact: _____ Relationship: _____

Phone #: _____

Referring Physician: _____ Primary Care Physician: _____

List any known medications: _____

Date of injury (if applicable): _____

Was your injury:

Job Related Auto Accident Other, please specify: _____

Have you consulted or retained an attorney in connection with your injury? Yes No

Attorney Name: _____ Phone #: _____

Address: _____

I have read and understand the policies regarding payment, privacy, consent, and appointment no-shows.

Patient Signature _____ Date _____



Payment Policies and Notice of Privacy Practices

1. Due to the number of different insurance plans, we cannot know the specifics of each plan. Therefore, it is the patient's responsibility to know their benefits.
2. Patients who are not covered by an insurance company must pay in full at the time of service.
3. Co-payments are due at the time of service.
4. Bird Physical Therapy will submit claims to the patient's insurance company for services rendered, after which the bill is considered the patient's responsibility. All patients will be billed monthly in order to keep them informed of their financial responsibility after insurance has paid on a claim.
5. Any patient who has not submitted a payment within 30 days after billing will be referred for collections. Patients will be assessed a \$30 collection fee for all accounts requiring the service of a collection agency.
6. We will accept, and recommend, any partial payments beyond the co-payments at the time of service. This will allow you to make frequent, smaller payments and will lower the final balance that may exist when you have completed your treatments, and insurance responsibility is complete.
7. We are happy to arrange a payment schedule if necessary.
8. Please contact Bird Physical Therapy within 30 days of the first billing for any disputed accounts.

If you have any questions regarding these policies, please contact Anita or Erin before services begin.

I have read and understand the Bird Physical Therapy payment policy and agree to the terms stated above.

I understand that I may obtain a copy of the Notice of Privacy Practices upon request.

Guarantor or Patient Signature _____

Date _____



Cancellation and No-Show Policy

- A 24-hour notice, either by phone or personal visit, is expected when canceling a scheduled appointment.
- Messages which are left on the answering machine after hours are also acceptable means to cancel appointments as long as they are at least 24 hours in advance.
- A charge of \$30 will be assessed to persons who simply fail to show up and who do not call at any time to inform the office of their inability to attend their appointment.

Please understand that your pain may increase or decrease during the course of your treatment. This is not a sufficient reason to miss any scheduled appointment. If you are feeling worse or better after treatment, please continue to attend your appointments as this will give our therapists a chance to address your progress.

Patients are to avoid bringing small children to their appointments. We realize, however, this is not always possible. In the event that your children must be with you at your appointment, we ask that they be supervised by someone else who is with you, and that they remain in our waiting area at all times. This is both for their safety as well as the other patients' privacy.

Thank you for your cooperation. Please address any questions or concerns you have to our office management.

Patient Signature _____ Date _____

Consent, Authorization, and Assignment of Benefits

1. I hereby give my consent to evaluation and treatment by Bird Physical Therapy.
2. Bird Physical Therapy is authorized to release any information it deems appropriate concerning my health condition to any insurance company or adjuster in order to process claims for reimbursement of charges incurred by me at BIRD PHYSICAL THERAPY, 535 GATEWAY DRIVE, LAWRENCE, KANSAS 66049
3. I hereby assign to Bird Physical Therapy, as direct payment of any sum I now or hereafter owe for all services and expenses associated with its treatment of me, the proceeds of any monies received by me, presently or in the future, from any insurance company, including Medicare/Medigap, obligated to reimburse me for the services and expenses associated with my treatment at Bird Physical Therapy.
4. I hereby grant Bird Physical Therapy a lien against the proceeds of any settlement with, or verdict against, any third party who is liable for my injuries. The lien is to be limited to the amount owed by me to Bird Physical Therapy for the services and expenses associated with its treatment of me.
5. In the event any insurance company contractually obligated to pay the charges for Bird Physical Therapy's services refuses to make payment, I hereby assign to Bird Physical Therapy the claim that exists in my favor against any such company and authorize Bird Physical Therapy to prosecute such claim either in my name or its name, as it sees fit. I further authorize Bird Physical Therapy to compromise, settle, or otherwise resolve the claim as it relates to the billing of Bird Physical Therapy as it sees fit. It is understood that until reasonable efforts have been made to collect the sums due from the insurance company, or companies contractually obligated, Bird Physical Therapy will refrain from attempts and efforts to collect the amount owed directly from me. I understand that whatever amount not collected from insurance proceeds, I personally owe to Bird Physical Therapy.

*Signature

Date

*Signature must be provided by parent/guardian if the patient is under 18 year of age.

Bird Physical Therapy is proud to operate within the standards and guidelines as set forth by the American Physical Therapy Association, Kansas Physical Therapy Association, and the Kansas State Board of Healing Arts.