

PHYSICAL THERAPY PLUS, INC.

Initial	Policies for Workman's Compensation Cases
	Physical Therapy Plus, Inc. is happy to work with contracted workman's compensation insurances. It is always necessary to provide Physical Therapy Plus, Inc. with your case worker's name and phone number, adjustor's name and phone number, the claim number, date of injury, and the referral. At the first appointment it is necessary to scan your ID.
	If for any reason you are unable to attend your scheduled appointment, we require 24 hours' notice for all cancelations. We are unable to bill a late cancelation/ no show fee to patients covered under workman's compensation insurance. If you miss or cancel an appointment without adequate notice, this will be reported to your case worker, adjustor, and physician. If you miss more than one appointment, you will be discharged for non-compliance.
	Physical Therapy Plus, Inc. always makes an effort to confirm appointments one day prior to the appointment. We can confirm appointments by phone call, text or email. It is the patients' responsibility to attend scheduled appointments, even if there is no confirmation call. Please see below to specify how you would like to have your appointments confirmed.
	If at any time you need a copy of your medical records, we will provide one copy to the patient at no charge. Subsequent requests will be billed to the patient at \$.25 a page. Requests may take up to one week for completion.
	Inclement weather is always something we have to consider in New Mexico, if you are unable to attend an appointment due to weather conditions the \$50.00 late cancelation fee will be waived. We want our patients to stay safe!
	HIPAA regulations are very specific about who we can share your confidential patient information with. If there is someone who you would like us to be able to speak to about your treatment or any billing questions, please fill out and sign a medical information release form. This includes spouses and parents of children 18 years and older. See below.
	We routinely send reports to your referring physician, if there is another medical office that you would like progress notes sent to, please specify below including the phone number and fax number. Name _____ Phone Number _____ Fax Number _____

Confirmations

How would you like your appointments confirmed? Call _____ Text _____ Email _____

May we leave massages at the phone numbers provided on the intake sheet? _____

Text Number _____ Cell carrier _____

Email address _____

Release of Medical Information

I authorize Physical Therapy Plus, Inc. to discuss medical and billing issues with the below listed people/ practitioners.

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____
_____	_____

Patient Name _____ DOB _____

Patient or Guardian's Signature _____ Date _____