REGISTRATION PAPERWORK CHECKLIST

In order to make registration simple and quick, please use this checklist to make sure you have provided all necessary information and signatures. The process, including the call to your insurance company, should take 15 to 20 minutes. Thank you for helping to get your therapy started quickly.

- ☐ COMPLETE THE NEW PATIENT REGISTRATION FORM (page 1), including
  - Section I, New Patient Information
  - Section II, Billing and Payment Information
- ☐ READ THE NOTICE OF PRIVACY PRACTICES (page 4)
- ☐ READ THE NOTICE OF FINANCIAL POLICIES (page 5)
- ☐ READ THE CONCIERGE THERAPY SERVICES POLICY (page 6)
- ☐ READ, INITIAL, AND SIGN section III of the registration form (page 1, Section III) where indicated
- ☐ YOU MAY USE THE "CALLING YOUR INSURANCE COMPANY" GUIDE (page 6), to verify your physical therapy benefits under your insurance policy (NOT NECESSARY WITH GOVERNMENT INSURANCES SUCH AS MEDICARE, MEDICAID, VA, AND TRICARE)
- ☐ BRING YOUR INSURANCE and ID CARDS TO YOUR APPOINTMENT

Please bring these papers to your first appointment.

FAIRBANKS PHYSICAL THERAPY

NEW PATIENT REGISTRATION FORM

SECTION I: NEW PATIENT INFORMATION			(OFFICE USE ONLY):	
First Name:	Middle:	Last Name:	Date of Birth:	SSN (optional):
Address:	City:	State:	Zip:	
Home Phone:	Work Phone:	Mobile Phone:	Email:	
Emergency Contact:	Relationship:	Phone:		

SECTION II: BILLING AND PAYMENT INFORMATION	
Primary Health Insurance Company (if none, enter "SELF"):	Name on policy: Policy-holder's DOB (if not yourself):
Secondary Health Insurance Company (if applicable):	Name on policy: Policy-holder's DOB (if not yourself):
Auto, Liability, or Worker's Compensation Insurance Company (if applicable):	Claim#: Claim representative:

SECTION III: SIGNATURE	
	(INITIAL) I understand that physical therapy is always voluntary, that there may be OTHER TREATMENT OPTIONS, that there may be RISKS associated with therapy, and that I may at any time, and with any particular treatment, request to discuss those risks with the therapist. With this understanding, I CONSENT TO PHYSICAL THERAPY TREATMENT at Fairbanks Physical Therapy.
	(INITIAL) I AUTHORIZE INSURANCE BENEFITS TO BE PAID DIRECTLY to Fairbanks Physical Therapy, and have read the "Notice of Financial Policies" and "Concierge Therapy Services Policy" provided to me by Fairbanks Physical Therapy.
	(INITIAL) I HAVE BEEN INFORMED OF THE HEALTHCARE PRIVACY RIGHTS REQUIRED BY LAW, and have read and understand the document "Health Information Privacy under HIPAA," provided by Fairbanks Physical Therapy.
	(INITIAL) I AUTHORIZE RELEASE OF ANY PERSONAL OR HEALTH INFORMATION necessary to process insurance claims or to provide and coordinate treatment.
	(INITIAL) I HAVE READ, AND AGREE TO, the clinic's ATTENDANCE POLICY as described in the "Cancelations and Missed Appointments" section of the "Notice of Financial Policies," provided to me by Fairbanks Physical Therapy.

Signed (patient/legal guardian):	Printed Name of Signer:	Today's Date:

FAIRBANKS PHYSICAL THERAPY

HEALTH HISTORY FORM

(All answers are optional and confidential. You may leave this form uncompleted if you wish to go over it in person)

PATIENT NAME:

SECTION I: THE CURRENT PROBLEM

What brings you to physical therapy? What is the problem?

How long have you had it? Was there a certain event that caused it?

Where is the problem? What part(s) of your body?

What makes it better?	What makes it worse?

At the moment, how much pain are you in? Please rate it from zero to 10, zero being no pain at all.	
What would you rate it at its worst?	
What would you rate it at its best?	

SECTION II: SOCIAL HISTORY (each of these questions is optional)

With whom do you live, and what is (are) their relationship(s) to you (optional)?

What activities (aside from work) do you enjoy or need to do for daily life? How are they limited by this problem?

Do you consume alcohol? If so, how many drinks per week?		Are you interested in quitting or cutting down on any of these?
Do you use tobacco? If so, how much per week?		
How many caffeinated drinks (e.g., coffee, soda) do you have daily?		

SECTION III: OCCUPATIONAL HISTORY

What do you (or did you) do for a living?	How many hours do you (or did you) work in a typical week?	If you have retired or stopped working, when?

How would you describe your work duties?

FAIRBANKS PHYSICAL THERAPY

SECTION IV: MEDICATIONS AND ALLERGIES

Please list prescriptions, over-the-counter medications, or nutritional supplements that you take (or attach a list):

PLEASE LIST ANY KNOWN ALLERGIES (e.g., drugs, seasonal, latex, tape) AND REACTION:

SECTION V: PERSONAL AND FAMILY MEDICAL AND SURGICAL HISTORY

Have you been diagnosed with or treated for any of these? (Check any that apply)

- ☐ Breathing or lung (respiratory) problems
- ☐ Tuberculosis
- ☐ Problems of the heart or blood vessels (cardiovascular)
- ☐ Blood pressure or cholesterol problems
- ☐ Diabetes
- ☐ Bone and joint (musculoskeletal) injuries or disorders
- ☐ Arthritis (osteoarthritis, rheumatoid, psoriatic, etc.)
- ☐ Ehlers-Danlos or other connective tissue disorder
- ☐ Weakened bones (osteoporosis, osteopenia)
- ☐ Depression, anxiety, or other psychological disorders
- ☐ Alcohol or drug addiction, overuse, or abuse
- ☐ Hereditary disorders or diseases
- ☐ Glandular (endocrine) disorders (thyroid, prostate, etc.)
- ☐ Digestive problems (throat, stomach, bowels)
- ☐ Urinary problems
- ☐ Kidney (renal) problems
- ☐ Liver problems (hepatitis, cirrhosis, etc.)
- ☐ Cancer, past or present
- ☐ Stroke (cerebrovascular accident)
- ☐ Multiple sclerosis
- ☐ Seizures/epilepsy
- ☐ Other neurological conditions
- ☐ Infections or infectious disease
- ☐ Blood disorders (clotting, bleeding, anemia, etc.)
- ☐ Head injury or trauma (including by violence)
- ☐ Other:

Please list any health conditions or illnesses of close blood relatives:

Height:	Current weight:	Desired weight:

Have you recently had any of these? (Check any that apply)

- ☐ Trouble breathing
- ☐ Chest pain
- ☐ Heart palpitations
- ☐ Bleeding or bruising
- ☐ Leg cramps, redness, or tenderness
- ☐ Recent change in weight, appetite
- ☐ Fever or chills
- ☐ Feeling fatigued, weak, or sick
- ☐ Nausea or vomiting
- ☐ Headaches
- ☐ Vision changes
- ☐ Night sweats
- ☐ Worsening pain at night
- ☐ Tremors
- ☐ Fainting or blackouts
- ☐ Dizziness or lightheadedness
- ☐ Numbness or tingling
- ☐ Trouble swallowing
- ☐ Unusual skin changes, sensations
- ☐ Urinary or bowel changes/problems
- ☐ Unusual lumps
- ☐ Sexual problems
- ☐ Stiffness in many joints
- ☐ Constant, relentless pain
- ☐ Difficulty sleeping
- ☐ Sadness or depression
- ☐ Fear
- ☐ Hopelessness
- ☐ Confusion/forgetfulness
- ☐ Other:

Please list any surgeries you've had, with approximate dates:

SECTION VII: SAFETY

Question	
Have you fallen recently during normal daily activity?	
Do you feel safe at home?	
Have you felt threatened, controlled by, or afraid of a partner, family member, or caregiver?	
Do you have any other concerns you wish to discuss confidentially?	
Do you have a living will or advanced directive?	

FAIRBANKS PHYSICAL THERAPY

HEALTH INFORMATION PRIVACY UNDER HIPAA

You have a right to privacy and protection of your healthcare information, which we will honor. Federal law requires that we inform you of your rights and our responsibilities in protecting the confidentiality of every aspect of your treatment at Fairbanks Physical Therapy. The "Privacy Rule" gives you rights over who can access any of your health information, and how it is shared. The Security Rule gives added protection over electronic health information, such as emails we send and receive, and our electronic medical records system.

TO PROTECT YOUR INFORMATION, WE ARE REQUIRED TO

- Put safeguards in place to protect it.
- Reasonably limit use and disclosures to the minimum necessary to accomplish their intended purpose.
- Have contracts in place with our contractors and other parties ensuring that we use, disclose, and safeguard your health information properly.
- Have procedures in place to limit who can view and access your health information.
- Implement training programs for employees about how to protect your health information.

UNDER THE PRIVACY RULE, WE MUST COMPLY WITH YOUR RIGHT TO

- Ask to see and get a copy of your records
- Have corrections added to your information
- Receive a notice that tells you how your information may be used and shared
- Decide whether to give permission before your information can be used or shared
- Get a report on when and why your information was shared for certain purposes
- Ask us questions about your rights.

WE ARE ALLOWED TO SHARE YOUR INFORMATION IF IT IS NECESSARY TO

- Coordinate your care and treatment
- Pay healthcare providers for your health care and to help run their businesses
- Inform any family, relatives, friends, or others *whom you identify* as involved with your healthcare or your health care bills, unless you object
- Make sure doctors give good care
- Protect the public's health
- Report information for legal requirements, such as threats to personal safety

UNLESS YOU GIVE PERMISSION, WE CANNOT

- Give your information to your employer
- Use or share your information for marketing or advertising purposes
- Share private notes about your health care

IF YOU FEEL WE HAVE VIOLATED YOUR RIGHTS UNDER THIS LAW, YOU CAN

- File a complaint with your provider or health insurer
- File a complaint with the U.S. Government

FOR MORE INFORMATION, INCLUDING HOW TO FILE A COMPLAINT, VISIT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES WEBSITE AT:

https://www.hhs.gov/regulations/index.html

OR CALL (877) 696-6775

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FAIRBANKS PHYSICAL THERAPY

NOTICE OF FINANCIAL POLICIES

CONCIERGE PHYSICAL THERAPY SERVICES

FPT provides a supplemental service, referred to as "concierge" physical therapy (CPT), that goes beyond the usual standard of care and that is not covered by insurance policies. The cost of CPT is in the form of a monthly subscription fee of $150. Patients may opt out of concierge services for up to three months from the date of the initial visit, and may be able to have the fee reduced or waived after three months based on financial need. See the document entitled "Concierge Therapy Services Policy" on page 7 for more detail.

ADDITIONAL COSTS OF PHYSICAL THERAPY SERVICES

Depending on your insurance coverage (allowed amounts, contractual write-offs, etc.), the actual cost of therapy services may vary, but in-person therapy services are billed at a standard rate. The cost of the initial evaluation portion of your first visit is $190, not including charges for additional treatments such as manual therapy and exercise instruction, which are billed at $80 per 15-minute increment. A more detailed fee schedule can be provided upon request. With insurance, charges may be discounted to lower rates based on FPT's contractual agreement with your insurance company. If you have no insurance, you can receive a "cash payment" discount by paying at the time of service (see below).

THIRD PARTY (INSURANCE) BILLING

If you have health insurance, we will submit claims on your behalf and have their payments sent directly to us. Any required deductible, co-payment, or co-insurance will be your responsibility. Many insurance companies, because of our contractual agreements with them, limit the amount that can be billed for therapy (the "allowed amount"), and place a limit on what patients must pay. You have the option of contacting your insurance company to learn the specifics of your policy (see the document "Calling Your Insurance Company" on page 8). Please notify us if your insurance changes.

NON-INSURANCE, FEE-FOR-SERVICE ("OUT-OF-POCKET") DISCOUNT

If you have no insurance, or wish not to have your insurance billed, you may opt for a fee-for-service or "out-of-pocket" discount. If all charges are paid at the time of service, we'll discount our standard fees by 20%. In certain instances, you may qualify for further reduction for reasons of financial hardship.

PAYMENT AND BILLING

Billing for physical therapy services will be managed by Northern Lights Medical Billing (NLMB), including submitting claims to insurance companies and sending invoices with patient balances. Billing emails will be sent from Therabill, and online payments will be processed using Stripe. Patient account access for both Therabill and Stripe are available upon request. You can also reach out to either Alison at NLMB at (907) 888-9426 or alison@fairbankspt.com, or Jeff at (907) 378-3690 or jeff@fairbankspt.com with questions.

CANCELATIONS AND MISSED APPOINTMENTS

It is important to show up for your scheduled appointments, and within a reasonable amount of time. If you are unable to make it to the appointment, it is necessary to let us know at least 24 hours in advance. It is the policy of this clinic to discontinue your therapy after you have missed two appointments without calling, after three missed appointments without 24 hours notice, or after a consistent pattern of late arrivals without previous arrangements. There is a $100 charge (not covered by insurance) for appointments missed with insufficient or no advance notice. Case-by-case exceptions may be made depending on circumstances (e.g., unexpected illness, emergencies, etc.).

FAIRBANKS PHYSICAL THERAPY

CONCIERGE THERAPY SERVICES POLICY

BENEFITS OF CONCIERGE PHYSICAL THERAPY

The purpose of concierge physical therapy ("CPT") is to provide a level of availability and involvement in your health and well-being that goes beyond scheduled appointment times, including the ability of the therapist to be involved in health maintenance for long-term quality of life, and to address new problems and concerns as they come up. This includes rapid communication by text, email, phone, and video telehealth as needed, when an in-person appointment may not be necessary or quickly available. Physical therapy involves specialized evaluation and treatment for problems that limit normal functioning in daily life, with the ultimate goal of optimizing function and improving physical health. Physical therapists are also trained to surveil for problems that need medical attention, and in facilitating appropriate medical care when needed. CPT allows rapid access to the physical therapist for the purpose of quickly managing new physical problems, troubleshooting and triaging emergent health problems that require medical attention, navigating the healthcare system, and streamlining medical care as needed.

LIMITS OF CONCIERGE PHYSICAL THERAPY

CPT does not include the practice of medicine, and it is still recommended that you have a primary care medical provider to order necessary testing and manage any medical problems that might arise. While CPT aims to provide a comprehensive healthcare service, it is outside the scope of the physical therapist's practice to make a medical diagnosis, and having a medical partner (i.e., a physician, nurse practitioner, or physician assistant) on your team is recommended. Also, certain problems and conditions may warrant referral to another healthcare provider or service from which you may incur additional costs. Examples include diagnostic imaging, consultation with a medical specialist (e.g., a surgeon), or referral to another therapist with training in a certain specialty area (e.g., pediatric developmental problems, wound care, multidisciplinary neurological rehabilitation, etc.).

COSTS OF CONCIERGE PHYSICAL THERAPY

CPT is an "out-of-pocket" expense that is not covered by insurance policies. The cost of CPT is in the form of a monthly subscription fee of $150. Patients may opt out of concierge services for up to three months from the date of the initial visit, and may be able to have the fee reduced or waived after those initial three months based on financial need. The subscription remains active as long as services are needed, with the fee billed monthly, and can be discontinued at any time. The subscription does not cover routine costs for therapy services performed during in-person appointments, such as required deductible, copays, and coinsurance.

THE CONTRACTUAL AGREEMENT

Because of certain legal requirements, a written contract between Fairbanks Physical Therapy ("FPT") and the recipient of CPT is necessary. The agreement, which will be provided separately, offers the opportunity to request a fee reduction or waiver, but must be acknowledged in writing before services commence.

PLEASE FEEL FREE AT ANY TIME TO ASK FOR CLARIFICATION OF THESE POLICIES, OR TO DISCUSS ANY FINANCIAL CONCERNS YOU MAY HAVE

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CALLING YOUR INSURANCE COMPANY (OPTIONAL)

***IT IS NOT NECESSARY TO CALL government insurances such as Medicare, Medicaid, VA, and TriCare**

GUIDELINES: It is helpful be informed about your health benefits under your insurance policy, so that you may make informed decisions about purchasing health care services. If you will be using any private, non-government-sponsored health insurance to pay for therapy (including secondary insurers), you may wish to call the toll-free number on your insurance card and ask the following questions about your physical therapy benefits:

What is my co-pay for a therapy visit?
How many visits are allowed?
How many visits have I used to date?
What is my annual deductible for outpatient physical therapy?
How much of my deductible have I met?
When does my “benefit year” start (at the beginning of the calendar year or not)?
Do I have “out-of-network” benefits for outpatient physical therapy services? If so, please summarize them.