

Duffy & Bracken

WELLNESS & FITNESS • PHYSICAL THERAPY, P.C.

DATE: _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

Email: _____

Emergency Contact: _____

Emergency Phone: _____

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP _____

EMPLOYER: _____

ADDRESS: _____

JOB TITLE/OCCUPATION: _____

BIRTHDATE: ____/____/____ AGE: _____

SOCIAL SECURITY: _____ - _____ - _____

MARITAL STATUS: _____ SEX: _____

HOW DID YOU HEAR ABOUT US? _____

To All Our Patients,

As you know, we are committed to providing you the very best physical therapy care. Unfortunately, Medicare and health insurance companies do not cover supplies that will be provided during your care. Due to increase in costs without increased reimbursements we can no longer absorb these fees. We will therefore be charging you for the costs of the supplies which are separate from any co-payment you may have. **Thank you for trusting us with your PT needs. It is truly our honor and privilege to serve you.**

Here is the list of supplies and costs:

- | | |
|-----------------|-------------|
| 1. Probes | \$60 |
| 2. Taping | \$5/session |
| 3. Kinesio tape | \$5/session |
| 4. Electrodes | \$10 |
| 5. Heel raises | \$10 each |

SIGNED: _____

75 MAIDEN LANE, SUITE 404 – NEW YORK, NY 10038 – PHONE 212-402-5430 – FAX 212- 402-5432

Duffy & Bracken

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Patient Acknowledgement of Understanding of the Direct Access to Physical Therapy Regulations

As of November 23, 2006, people in New York who need physical therapy services can go directly to their physical therapist without having to wait for a prescription from a physician. This DIRECT ACCESS TO PHYSICAL THERAPY LEGISLATION allows physical therapists to treat a patient for 10 visits or for a period of 30 days (whatever comes first) before a prescription from a physician must be obtained to continue physical therapy. Exceptions are no-fault and workers compensation, which still require a prescription at the first visit.

This is to acknowledge that I understand the New York State Direct Access to Physical Therapy Law and will obtain a prescription from my physician (either a specialist or primary care physician) after 10 visits or within 30 days of the start of my treatment at Duffy & Bracken Physical Therapy P.C.

Printed Name of Patient

Signature of Patient

Date

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75 MAIDEN LANE - NEW YORK, NY 10038 - PHONE (212) 402-5430 – FAX (212) 402-5432
WWW.DUFFYANDBRACKEN.COM

NO-SHOW AND LATE CANCELLATION POLICY

Please read and sign the following policy.

Because physical therapy requires frequent patient visits and new patients referred for treatment need to be scheduled and treated as promptly as possible, a tight scheduling procedure is required by this office in order to provide the best care to all our patients. When one does not show up for treatment, or cancels the same day, it is time taken away from others who could utilize that treatment time.

Duffy & Bracken charges a \$75.00 no-show/late cancellation fee. We define a NO-SHOW as a patient who does not appear for a scheduled appointment, or is more than 15 minutes late for their appointment time. We define a LATE-CANCELLATION as a patient who does not give us 24-hour notice of cancellation. **IMPORTANT NOTE:** Monday appointment cancellations must be called in **by 3:30 p.m. on the Friday before your appointment.** **The fee is your responsibility and will not be paid by your insurance company. It must be paid in full before your next treatment can be given.**

We advise you to consider the importance of attending your scheduled treatment. Please help us to give you and all of our patients the best treatment possible.

PAYMENT RELEASE AUTHORIZATION

I request that payment of authorized health benefits be made either to me or on my behalf to Duffy & Bracken Physical Therapy PC for any services furnished to me by the physical therapist. I authorize any holder of medical information about me to release to a representative of Duffy & Bracken any information needed to determine these benefits or the benefits payable for related services.

PATIENT ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE

I acknowledge that I have received and reviewed Duffy & Bracken Physical Therapy PC Notice of Privacy Practices. If I have any questions, I can call the Practice at (212) 402-5430

I HAVE READ AND UNDERSTAND THE TERMS OF THE ABOVE POLICIES:

Signed: _____ Date: _____

Duffy & Bracken

PHYSICAL THERAPY, P.C.

FINANCIAL POLICY STATEMENT

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, Financial Policy or your responsibility.

If you provide our office with the necessary information regarding your insurance plan, we will submit our claim directly to your carrier. **You are responsible to pay the appropriate deductible, co-pays and/or coinsurance, also any denial of payments from your insurance.** We accept all major credit cards; however cash or check is preferred for services rendered. **It is the policy of this office to keep a credit card on file. Please provide credit card information below for any unpaid accrued charges.**

REGARDING INSURANCE

Physical therapy treatment can be provided without a prescription for the first 30 days or 10 treatments, whichever comes first but in some cases it may not be covered by your health care insurer without the referral of a physician or nurse practitioner, but may be a covered expense, if treatment was rendered pursuant to such referral.

If your plan requires authorization from your physician (primary or specialist), it is your responsibility to obtain the written referral or authorization prior to your visit at Duffy & Bracken. If you arrive at our office without proper authorization, full payment will be expected at time of service and refunded to you when authorization is obtained.

In addition, to comply with state regulations, you have to provide a prescription from your physician (primary care or specialist) within 30 days of the start of your treatment at Duffy & Bracken. Any denial of payment of services resulting from non-compliance with this policy will be billed to you.

Insurance is a contract between you and your insurance company. In most cases, we are NOT party to this contract. We file insurance claims as a courtesy to our patients. We will not become involved in disputes between you and your insurance company regarding deductibles, coinsurance, co-payments, referrals, "usual & customary charges," etc., other than to supply factual information as necessary. If you have not paid Duffy & Bracken and your insurance company inadvertently pays you directly, you must send this payment immediately to Duffy & Bracken. **Please note we will collect payment via credit card following five business days of notification of your check sent directly to you.**

The above does not apply for those patients that are considered Worker's Compensation. However be advised if your claim for Workers Compensation benefits is denied you may be held responsible for the total amount of charges for services rendered to you.

Duffy & Bracken preferred Method of Payment for deductibles and co-payments are:

Cash: \$ _____ Check: _____ Money Order: _____

Co-pays, co-insurance, deductibles and fee for service must be paid at time of treatment. A \$10 service charge will be added if not paid on the day of your appointment.

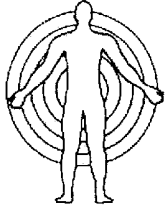
It is the policy of this office to keep a credit card on file. Please provide credit card information below for any unpaid accrued charges and/or fees.

Credit/Debit Card: _____ Card #: _____

Expiration date: _____

RESPONSIBLE PARTY SIGNATURE

DATE



Duffy & Bracken
PHYSICAL THERAPY, P.C.

Ann M. Duffy M.A., P.T.

Patient/Client/Student Provider Email Agreement

As e-mail offers an easy and convenient way for us to communicate with each other, it is best to understand its uses and limitations:

- Commercial email providers (yahoo, hotmail, g-mail, etc.) are not considered secure means of communication for protected health information under HIPAA.
- If sending e-mails from your work address your employer has a legal right to read your e-mail if he or she chooses.
- E-mail may become a part of your chart.
- E-mails may be forwarded to my staff for handling, if appropriate.
- Either one of us can revoke permission to use the e-mail system at any time.
- Duffy & Bracken, Physical Therapy may email me bills/invoices.

I DO want to communicate with Ann Duffy, MA, PT or staff of Duffy & Bracken Physical Therapy electronically.

I have read the above information and understand the limitations of security on information transmitted.

Patient Name: _____

Patient Signature: _____

E-mail Address: _____

Date: _____