

Pouzol Physical Therapy, P.A.
33B Penn Plaza
Bangor, ME 04401

Outpatient Physical Therapy

Patient's Name _____ Date _____

Release of information: I authorize Pouzol Physical Therapy, P.A. to release and/or obtain any medical records to/from any person or corporation who is or may be responsible for payment of the related charges.

Assignment of Insurance Benefits: I hereby assign payment directly to Pouzol Physical Therapy, PA of all medical benefits applicable and otherwise payable to me. I understand that I am financially responsible to Pouzol Physical Therapy, P.A. for charges not covered by this authorization.

Statements to permit payment of Medicare and/or medical insurance benefits to Pouzol Physical Therapy, P.A.: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act or under other health insurance coverage is correct. I authorize payment of covered benefits for services furnished by Pouzol Physical Therapy P.A. I understand that I am responsible for any health insurance deductible and/or co-insurance charge. I request that this authorization apply to all outpatient services received during this authorization period.

The undersigned certifies that he/she has read the foregoing, is the patient or is duly authorized by the patient to execute the above and accepts its term thereof.

Signed: _____ Date: _____

Signature of parent/guardian if patient is under 18: _____

Witness: _____

Pouzol Physical Therapy P.A. Privacy Notice

Pouzol Physical Therapy, P.A. is committed to maintaining patient medical records and personal information confidential. This practice is required by federal and state law to maintain the privacy of our patient's health information and other personal information as contained in each individual's chart.

Pouzol Physical Therapy, P.A. will not disclose confidential information without the patient's authorization. If necessary to disclose individual identifiable information, this office will follow the policies as described to protect your confidentiality and release on the minimal necessary information.

The medical records maintained in the practice are labeled and stored confidentially. Access to the records is limited to Pouzol Physical Therapy, P.A. personnel. The records are maintained in a secured area in the Pouzol Physical Therapy, P.A. office.

Disclosing of confidential information: Confidential information will not be disclosed without the signed authorization of the patient except for the following purposes:

Treatment: Your health insurance carrier's policies may require an order for physical therapy. Minimally necessary information will be provided to your health care provider in order to determine benefits and coverage for physical therapy services. Eligibility determination for physical therapy may require providing your insurance carrier with necessary information.

Payment: We may disclose your confidential information to your health care insurance carrier in order to coordinate reimbursement.

Physical Therapy operations: Office procedures that may require providing appointment reminders or sending information as well as refunds will adhere to privacy procedures in order to limit the disclosure of confidential information.

Disclosing information to your employer as the sponsor of your health care plan: Information may be disclosed to your employer so that it can perform audits, monitor activity and administer the employee health plan. Your employer is not permitted to use the confidential information for any other purpose other than for administrative reasons.

Workers Compensation: Pouzol Physical Therapy, P.A. may disclose your confidential information when necessary complying with the Workers Compensation Laws.

This practice may disclose information to comply with the law or any judicial proceeding in response to a legal order. Pouzol Physical Therapy, P.A. will not disclose any confidential information other than as discussed in this privacy policy. At any time you may revoke your authorization to provide necessary information by sending or providing a written request to this office. This will not have any impact on previous information disclosed per a previous authorization.

Signed: _____ Date: _____

Pouzol Physical Therapy, P.A.

Our responsibility to you: As a patient, you need to know the staff of Pouzol Physical Therapy, P.A. works for you. The immediate treatment goal is to promote your wellness. This office strictly adheres to the physical therapy code of ethics, adhere to HIPAA regulations, treat each patient with personalized care and provide your physician with evaluation, progress, and discharge reports.

Your responsibility as a patient: You have the responsibility to ask questions, attend physical therapy sessions as prescribed by your physician, cancel appointments within a timely manner if you are unable to attend, actively participate in your recovery and follow the instructions as prescribed.

Your financial responsibility: Pouzol Physical Therapy, P.A. will file your insurance claim, but you are ultimately responsible for paying for services received in this office. Many services provided in this office are covered and paid by your insurance company. Unfortunately, some insurance policies do not pay for all services. In cases where the services has not been paid, you will be personally responsible for the bill. Before we bill you, we will use our best efforts to verify that all of the information sent to the insurance company is accurate and clearly describes the services you received.

Insurance referrals: Please be advised that you, the patient, are responsible for physician's referrals and any referral updates. Please communicate with your physician's office to verify the number of approved visits and to make sure that your referral has been done to both our office and your insurance company. If for any reason a referral is not done for a date of service, YOU WILL BE RESPONSIBLE FOR THE CHARGES INCURRED.

Insurance filing and the law: Federal laws addressing all insurance companies require that we submit every claim to an insurance company accurately, reporting the exact services performed and the exact reason for perform in them. We are not allowed to change billing information simply to get paid for services. This is considered fraudulent behavior.

Copays: Due to insurance regulations, we are required to collect copays at the time of service. We accept cash, checks, Discover, Mastercard, and Visa.

Participating insurance companies: Pouzol Physical Therapy, P.A. participates with the following companies: Medicare, MaineCare, Anthem, Aetna, MedNet, UHC, GreatWest, Harvard Pilgrim, Healthplans, Martins Point, CompNet.

IF YOU HAVE ANY QUESTIONS PLEASE LET US KNOW AT YOUR APPOINTMENT OR BY CALLING 990-2050.

Signature: _____ Date: _____

PATIENT REGISTRATION

Name _____ Date _____

Home Phone _____ Cell Phone _____

Email address: _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address _____ City _____ State _____ Zip _____

Date of Birth _____ Social Security number _____

Marital Status: Single Married Widowed Sex: Male Female

Employer _____ Phone _____

Address _____ City _____ ME _____ Zip _____

How did you hear about us _____

What time works best for future appointments:

Before 7AM Mornings Afternoon After 4 Any time works

What days work best? Monday Tuesday Wednesday Thursday Friday Saturday

Billing: Health Ins. Auto Ins. Workers Comp. **(if other than Health please answer below)**

Is the injury work related? Yes No Reported to Employer? Yes No

Is the injury motor vehicle related? Yes No Reported to Insurance? Yes No

Date of Injury _____ Claim Person _____

Telephone number _____ Claim number _____