

Battle Ground Physical Therapy

Pg.2

Patient Intake Form

Appointment Reminder Consent:

_____ I would like Battle Ground Physical Therapy to send me email messages to confirm my upcoming appointments. Email:

_____ I would like Battle Ground Physical Therapy to send me cell phone text messages to confirm my upcoming appointments. .

I recognize that normal text messaging rates may apply.

We cannot set your account up to send text message reminders without knowing your cell phone carrier. Please indicate your carrier below if you would like text message reminders:

<input type="checkbox"/> ALLTel	<input type="checkbox"/> Nextel
<input type="checkbox"/> AT&T	<input type="checkbox"/> Qwest
<input type="checkbox"/> Boost Mobile	<input type="checkbox"/> Sprint PCS
<input type="checkbox"/> Cingular	<input type="checkbox"/> T Mobile
<input type="checkbox"/> Cricket Wireless	<input type="checkbox"/> US Cellular
<input type="checkbox"/> Metrocall	<input type="checkbox"/> Verizon
<input type="checkbox"/> MetroPCS	<input type="checkbox"/> Virgin Mobile

Signature of Patient or Guardian: _____

Date ____/____/____

Patient or Guardian Agreement:

- I authorize release of information requested by my insurance plan for payment.
- I understand that I am responsible for any balance due.
- I agree to comply with the terms and conditions as outlined in the Patient Registration form.
- I AM AWARE THAT IT IS MY RESPONSIBILITY TO CONTACT MY INSURANCE COMPANY TO INQUIRE ABOUT MY OUTPATIENT PHYSICAL THERAPY BENEFITS AT BATTLE GROUND PHYSICAL THERAPY, LLC SUCH AS COPAYS, DEDUCTIBLES, COINSURANCE, LIMITED NUMBER OF VISITS, AND MAXIMUM DOLLAR AMOUNT.

_____ I have completed this prior to my appointment.

_____ I have **NOT** completed this prior to my appointment.

- I authorize Battle Ground Physical Therapy to release any medical information to medical providers and their staff, the above mentioned insurance company, and management groups pertaining to my physical therapy benefits, diagnoses and treatment.
- I acknowledge that a copy of the Notice of Privacy Practices Policy is available at the front reception desk

Signature of Patient or Guardian: _____

Date ____/____/____