



HAMPSTEAD PHYSICAL THERAPY, LLC
 16406 HWY 17, STE. 9
 HAMPSTEAD, NC 28443
 P. (910) 270-6026 F. (910) 270-6028

SNEADS FERRY PHYSICAL THERAPY
 2017 NC HWY 17, STE. B
 SNEADS FERRY, NC 28460
 (910) 327-0418 F. (910) 327-2490

Patient Information and Assignment of Insurance Benefits

Patient Name: _____ Date: _____

Social Security #: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Cell Phone: _____ Email: _____

Person to contact in case of an emergency: _____

Phone: _____ Relation: _____

Primary Insurance Company: _____

Secondary Insurance Company: _____

Policyholder's Name: _____

Are you currently receiving any type of medical care in your home? YES or NO

I give my consent to Hampstead Physical Therapy (HPT) or Sneads Ferry Physical Therapy (SFPT) therapists to provide treatment, examination, and/or evaluations as deemed necessary to the above named patient.

I understand that HPT and/or SFPT will submit insurance claims on my behalf as a courtesy and will assist me in filing claims in every responsible way. I understand that my insurance represents a contract between me (or my employer) and a health insurance company, and HPT and/or SFPT will act on my behalf.

I hereby authorize payment directly to HPT and/or SFPT of any insurance benefits otherwise payable to me for services. I understand that I am directly responsible to Hampstead Physical Therapy and/or Sneads Ferry Physical Therapy for any charges not covered by my insurance company.

If my insurance company has not paid their portion within 60 days from the start of treatment, I understand that I am responsible for payment at that time. Any balance remaining due after the insurance payment has been received will be billed and due within 30 days.

Print Name: _____ **Date:** _____

Signature: _____



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Cancellation Policy

We require 24 hours notice in the event an appointment has to be cancelled. In light of several missed appointments we have been forced to charge a \$15.00 fee for any appointment not canceled 24 hours in advance. Patients arriving more than 15 minutes late for their appointment may need to be rescheduled.

PLEASE INITIAL _____.

**Receipt of Notices of Privacy Practices and Medicare Therapy Cap
 Written Acknowledgement**

I have received a written copy of the Notice of Privacy Practices, Notice of the Medicare Therapy Cap, and Cancellation Policy from the medical office indicated above.

PLEASE INITIAL _____.

Financial Policy

If you have health insurance our office will file your insurance for you and apply any payments and adjustments that may apply. However, you remain responsible to pay Co-payments, Deductibles, and Co-insurance amounts at the time service is rendered.

PLEASE INITIAL _____.

If you do not have Health Insurance a deposit of \$65.00 is required at to your initial visit and every visit after that. At the conclusion of your visit the balance will be due and payable. If the balance is not paid, HPT expects a monthly payment of \$50.00 per month until the balance is paid off.

PLEASE INITIAL _____.

I have read, understand and will comply with the Cancellation Policy, the HIPPA & Medicare Cap Policy, and the Financial Policy written above. My initials along with my signature confirm this.

Name Print: _____

Name Signature: _____

Date: _____

FUNCTIONAL ASSESMENT QUESTIONNAIRE

Patient Name: _____

Date: _____

Using the keys below please circle one answer in each box that indicates your ability to do the following activities.

KEY: 0=UNABLE 1=VERY DIFFICULT 2 = MODERATELY DIFFICULT 3= MIMINALLY DIFFICULT 4= NORMAL

Acitivity	Score				
1. Sleep Normally	0	1	2	3	4
2. Up and Down Stairs	0	1	2	3	4
3. Food Prep/Cooking/Eating	0	1	2	3	4
4. Walking	0	1	2	3	4
5. Grooming (bath, comb hair, shave, etc..)	0	1	2	3	4
6. Getting up/down form chair or bed	0	1	2	3	4
7. Dressing - manage normal dressing activities.	0	1	2	3	4
8. Lifint/carry ing up to 10 pounds.	0	1	2	3	4
9. Sitting for normal periods of time.	0	1	2	3	4
10. Standing for normal periods of time.	0	1	2	3	4
11. Reaching above head or across body.	0	1	2	3	4
12. Recreational Sports/Activties.	0	1	2	3	4
13. Squatting down to pick up item.	0	1	2	3	4
14. Running/Jogging.	0	1	2	3	4
15. Driving.	0	1	2	3	4
16. Job Requirements - do all acitivities related	0	1	2	3	4

Pain Scale - Please circle the number that describes the pain you have experienced over the last week with 0 bein g no pain and 10 being the worst.

0 1 2 3 4 5 6 7 8 9 10



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General Information Sheet

Insurance Information

Insurance is an important part of your healthcare. Verifying coverage allows you to focus on your treatment and a hassle-free recovery. **Please verify your coverage before your first appointment.**

We accept most insurance plans and welcome Medicare and Workers' Compensation claimants. As a service we will file your claims for you. Below is a list of the most common types accepted. Anytime you have questions about charges, call our business office at 910-270-6026 where we'll gladly assist you.

- Aetna
- Blue Cross Blue Shield
- Cigna
- Humana
- KeyRisk
- Medicare
- TRICARE
- United Healthcare
- Worker's Compensation

Appointments

Please call our main office locally at 910-270-6026 Hampstead or 910-327-0418 (Sneads Ferry) to schedule an appointment in advance. Appointments are based on a first come first served basis however, our receptionists will make every effort to schedule the most convenient appointment for you. We can schedule your appointments no further than four weeks out at a time.

*If you are unable to keep your appointment, we ask you to please call us at least 24 hours in advance so we may use that time to see another patient in need of care. **There will be a charge of \$15.00 for each missed appt without proper notification.** If three appointments are missed, we reserve the right to cancel any future appointments you have with the clinic.

**We make a sincere effort to adhere to our appointment schedule. Because of this, patients arriving more than 15 minutes late may be asked to reschedule their appointment.

Fees & Payment Policies

We make every effort to decrease the cost of your medical care. Therefore, we request payment arrangements for all office services at the time they are rendered unless prior arrangements have been made. We accept cash, checks, MasterCard, Visa, and Discover for your convenience. If we are a participating provider of your insurance company, we will bill them. However, payment is the patient's responsibility. We will help in any way we can to assist you in handling claims.



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Notice of Privacy Practices

This notice describes the privacy practices of Hampstead Physical Therapy, LLC therapists, employees, students, and/or volunteers that will assist you while in our clinic. This notice is in compliance with HIPAA, the Health Insurance Portability and Accountability Act of 1996. HIPAA includes provisions for the simplification of administrative and financial health care transactions by standardizing the electronic exchange of information between health care plans (payers), clearinghouses, and providers. HIPAA also provides standards for the privacy of individually identifiable health information by establishing accountability and responsibility for the disclosure of health information where the information is used to the public health, to conduct medical research, and to improve the quality of consumer health care. Any health information that can be used to identify a person is covered by this regulation (DMA, 2004).

Our Pledge:

We understand that information about you and your health is personal and we are committed to protecting your health information. We create a record of the care and services you receive in the clinic, as well as records regarding payment for those services. We need these records to provide you with quality care and to comply with HIPAA legal requirements. This notice applies to all the records of your care generated or maintained by the clinic, whether made by Hampstead Physical Therapy, LLC staff or your personal physician.

We are required by federal law to make sure that medical information that identifies you is kept private and confidential; to give you this notice of our legal duties and privacy practices with respect to your medical information; and to follow the terms of the notice that is currently in effect. We will also follow the relevant privacy laws of the state of North Carolina when those laws are more stringent than federal privacy laws.

Hampstead Physical Therapy, LLC will NOT disclose personal health information except, when applicable, in one of the following ways: (1) when permitted by law; (2) when required by law; (3) pursuant to your verbal agreement (for use in our clinic directory or to discuss your health with family or friends involved in your care; and/or (4) pursuant to your written authorization (for use in our clinic via release of medical information form).

Patient rights in our clinic regarding personal medical information include: (1) Right to inspect and copy medical/billing information; (2) Right to amend incorrect/incomplete medical information; (3) Right to an "Accounting of Disclosures", which is a list of certain disclosures of medical information made in our clinic; (4) Right to request restrictions or limitations on the medical information disclosed in our clinic about treatments and/or payments; (5) Right to request confidential communications of medical matters in a certain way or at a certain location; and (6) Right to a paper copy of this Notice of Privacy Practices.

Changes to This Notice:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the facility. The notice will contain the effective date on the first page, in the top right-hand corner.

Notice of Medicare Therapy Cap

Coverage by Medicare will be limited for outpatient physical therapy (PT), speech-language pathology (SLP), and occupational therapy (OT) services for services received on January 1, 2009 through December 31, 2009. The limits are \$1820 for PT and SLP combined and \$1820 for OT. Medicare pays up to 80% after the deductible has been met. These limits do not apply to therapy you get at hospital outpatient clinics, unless you are a resident of and occupy a Medicare-certified bed in a skilled nursing facility.

*****Please note that there are many common diagnoses and situations that may exclude you completely from any financial limitations set by Medicare. Please ask your therapist if you have any questions or contact Medicare at 1-800-MEDICARE.**