



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

Patient Information and Assignment of Insurance Benefits

Patient Name: _____ Date: _____

Social Security #: _____ Date of Birth: _____

Address: _____

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

Email: _____ Cell: _____

Employer: _____

Business Address: _____

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

Person to contact in case of an emergency: _____

Phone: _____ Relation: _____

Primary Insurance Company: _____

Secondary Insurance Company: _____

Policyholder's Name: _____

I give my consent to Hampstead Physical Therapy, LLC therapists to provide treatment, examination, and/or evaluations as deemed necessary to the above named patient.

I understand that Hampstead Physical Therapy, LLC 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 Hampstead Physical Therapy, LLC will act on my behalf.

I hereby authorize payment directly to Hampstead Physical Therapy, LLC of any insurance benefits otherwise payable to me for services. I understand that I am directly responsible to Hampstead Physical Therapy, LLC 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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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, 2008 through December 31, 2008. The limits are \$1740 for PT and SLP combined and \$1740 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.**



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**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.

NO SHOW / CANCELLATION / LATE POLICY

Hampstead Physical Therapy reserves the right to charge a \$20 fee for no shows and cancellations made with less than 24 hour notice. The 24 hour notification provides our front desk personnel the time necessary to reschedule your therapist with another patient who may be on a waiting list.

Patients arriving more than 15 minutes late for their appointment may need to be rescheduled.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- The individual refused to sign.
- The individual left the office without signing.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reasons:
- Other: _____

Prepared by: _____ Date: _____

Signature: _____