

When you are our client
you will receive
Our Unique Process for:

The Best
Therapy
Experience™

THE FIRST ENCOUNTER™

During your initial visit, the front desk will:

- Gather all necessary information
- Find the best appointment times for your initial and ongoing visits (bring your schedule book)
- Explain insurance coverage and co-pay policies
- Help you fill out the Client/Therapist Game Plan™



**THE Client/THERAPIST GAME
P.LAN™**

- This process details your 1st experience with your therapist
- You will share with us your expectations and goals for therapy
- We will provide you with a detailed treatment formula for maximum success



THE MATRIX ADVANTAGE™

- This checkpoint process will follow your progress throughout the therapy process
- The 30-day report is sent to your doctor to keep him/her informed of your progress
- You will always have direct access to your therapist, during and after your therapy, via email, phone or Web site



**Satisfaction
Guaranteed**

*Our goal is to be your 1st CHOICE
IN PHYSICAL THERAPY*

Registration Form

Name _____ DOB _____ M _____ F _____
 Address _____ City _____ State _____ Zip Code _____
 Home # _____ Work # _____ Cell # _____
 Emergency Contact _____ Phone # _____
E-Mail Address _____ Have you had physical therapy in the past 12 months? Y / N
 How did you hear about us? _____ Have you had Home Healthcare in the past 6 months? Y / N
 Discharge Date _____ Agency Name _____
 Employer _____

Primary Insurance _____ Subscriber _____ Subscriber DOB _____
 Subscriber Address _____ Relationship to Patient _____
Secondary Insurance _____ Subscriber _____ Subscriber DOB _____
 Referring Physician _____ Phone # _____
 Primary Care Physician _____ Phone # _____

Work related _____ Auto Related _____ Claim # _____ SS# _____
 Date of Injury/onset ____/____/____ Insurance Company _____ Adjuster _____
 Phone # _____ - _____ - _____ Insurance Company Address _____
 Is an Attorney involved in this case? Y / N Name _____ Phone # _____ - _____ - _____
 Please provide a copy of your auto insurance coverage selection page. Do you have Medical Payment coverage? Y / N

DO YOU HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?

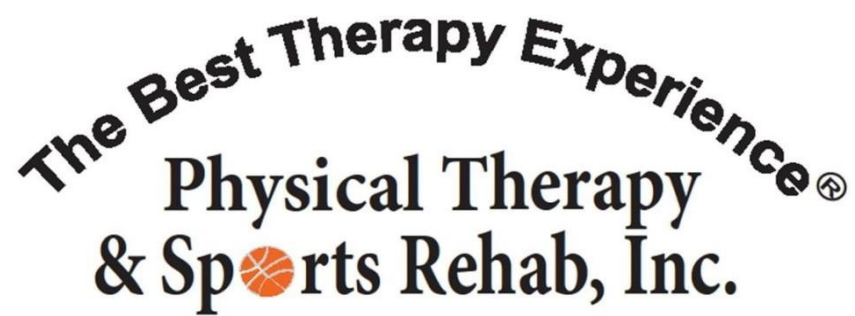
	YES	NO		YES	NO
Asthma, Emphysema, COPD			Bowel or Bladder Problems		
Do you have a pacemaker?			Do you smoke? How much?		
High Blood Pressure/Chest Pains			Severe or Frequent Headaches		
Heart Attack			Dizziness / Fainting		
Stroke/TIA/Blood Clot/Embolism			Vision or Hearing Difficulties		
Epilepsy/Seizures/ Neuro. Disord.			Weakness If so, where?		
Thyroid Trouble/Goiter			Cancer/ Chemotherapy/ Radiation		
Infectious Disease			Surgery		
Diabetes			Allergies		
Arthritis/ Gout			Any pins or metal implants?		
Osteoporosis			Are you Pregnant?		
Sleeping Problems/Difficulties			Emotional/ Psychological Problems		

If you are unable to keep your appointment, please contact our office. A \$ 40.00 late cancellation fee will be charged if less than 24 hours notice is given. If you are 10-15 minutes late we may need to reschedule your appointment. Failure to keep an appointment will result in a \$50.00 No Show charge which will be your responsibility. **COPAYS are due on the day of treatment.** If you would like to pay for a series of visits, we request that payments be made at the beginning of the week. **Obtaining your referral** from your doctor is your responsibility. If you do not have the referral, WE CANNOT SCHEDULE YOU AFTER THE 3RD VISIT.

I hereby agree and give my consent to medical treatment in treating my physical condition. I authorize the release of any medical information needed to process my claim. I understand that I am responsible for any charges that are not covered by my insurance carrier. I acknowledge that I have seen the "Notice of Privacy Practices."

Client/Parent/Guardian Signature: _____

Date: _____



TO OUR CLIENTS

It's Your Responsibility To Know Your Insurance

With all the health care changes, it becomes more important that clients know and understand their individual insurance policies---including:

- Deductibles
- Co-pays
- Referrals from Primary Care Physicians
- Covered and Non-Covered Services of their plan.

We will, however, gladly help assist you in getting the answers you need.

