



PATIENT INTAKE FORM

PATIENT INFORMATION/FINANCIAL LIABILITY

Patient Demographics: Please review and, if necessary, correct the pre-printed information. **Initial:** _____

Financial Liability: I have reviewed my plan coverage for PT services rendered at Helm Physical Therapy & Injury Prevention, and understand that I am financially liable for all upfront payments, and any balance billed amounts due, up to the full billed amount. **Initial:** _____

How did you hear about Helm Physical Therapy? _____

HIPAA: PATIENT PRIVACY

I have reviewed the Notice of Privacy Practices from Helm Physical Therapy. **Initial:** _____

I authorize Helm Physical Therapy to discuss my appointments, financial & medical data with:

Name: _____ Relationship: _____

Phone: _____ Email: _____

EMERGENCY CONTACT

Name: _____ Phone: _____

ASSIGNMENT OF BENEFITS

I authorize Helm Physical Therapy to furnish to my insurance carrier(s) any and all information concerning my healthcare, and authorize my insurance carrier(s) to pay Helm Physical Therapy directly. **Initial:** _____

CONSENT TO TREAT

I give Helm Physical Therapy consent to treat my medical condition and to release related information to my physician and insurance company, if necessary. **Initial:** _____

PAYMENT

I have the option of paying at each visit by check, cash, or credit card. If paying by credit card there will be an additional \$10 processing fee. **Initial:** _____

I authorize Helm Physical Therapy & Injury Prevention to charge my card for payments due at the time of service, including the \$10 processing fee.

CANCELLATION POLICY

We kindly request your cooperation in providing us with **48-hours notice** should you need to cancel your appointment. Our policy will allow a one-time courtesy "No Show/Late Cancellation", however, the second "No Show/Late Cancellation" will incur a **\$100 fee**, and every "No Show/Late Cancellation" thereafter will incur a **\$190 fee**. **Initial:** _____

Print Patient Name: _____

Patient/Guardian Signature: _____ Date: _____