

Work Comp



Rice Lake/Turtle Lake/Spooner
Physical Therapy

Status

Please Circle One

N.P. R.T.N.P

Date: _____ Time: _____ Provider: _____

Last Name: _____ First Name: _____ M.I.: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone # : _____ S.S.#: _____ D.O.B: _____

Email Address: _____

Martial Status: _____ Gender: _____

Employer: _____ Occupation: _____ Phone #: _____

Emergency Contact: _____ Relation: _____ Phone #: _____

Referring Dr. : _____ Primary Care Dr. : _____

Reason For Therapy: _____ Was Surgery Involved: _____ Date of Surgery: _____

Insurance Information

Work Comp Insurance

WC Employer: _____ Contact: _____ Phone#: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Insurance Co.: _____ Adjustor: _____ Phone#: _____

Claim #: _____ Date of Injury: _____

Major Medical Insurance

Insurance Co.: _____ Phone #: _____

Policy Holder: _____ Employer: _____ D.O.B _____

I.D./Claim #: _____ Group #: _____



Clinic: TLPTRS NP RTNP Date: Time: Provider: EM

Patient Personal Information

Last Name: First Name: M.I.: Gender: male female
 Address: City: State: Zip:
 Phone #: SS#: DOB: Marital Status: E-Mail:
 Referring MD: Phone #: PCP:
 Employer: Occupation: Phone #:
 Emergency Contact: Phone #: Relationship:
 Reason for PT/OT: 2nd Body Part: New Dx: DME visit only:
 Injury Type: WC MVA Other: Date of Injury: Surgery?

Primary Insurance

Ins. Company: Phone#: Ext:
 Policy Holder: Employer: Phone #: DOB:
 ID/Claim #: Group/Site #: Effective Date:

Secondary Insurance

Ins. Company: Phone #: Ext:
 Policy Holder: Employer: Phone #: DOB:
 ID/Claim #: Group/Site #: Effective Date:

MVA Insurance

Ins. Company: Adjuster: Phone#: Ext:
 Policy Holder: DOB:
 Policy/Claim #: Date of Injury:
 Attorney: Phone #:

Work Comp Insurance

WC Employer:
 Contact: Phone#: City: State: Zip:
 Employer Address:
 Ins. Company: Adjuster: Phone#: Ext:
 Policy/Claim #: Date of Injury:

How did you hear about us?



Rice Lake/Turtle Lake/Spooner
Physical Therapy

Release of Medical Records-

I hereby authorize **Rice Lake Physical Therapy and Rehab Specialists** to furnish information to insurance carriers concerning illness or accident and treatment, and I hereby assign to Rehab Management Solutions all payments for Medical services rendered to me or my dependants. I also authorize the release of my medical records to the agents of **Rice Lake Physical Therapy and Rehab Specialists** and/or agents so indicated by myself.

Consent to Treat-

I give permission/authorization for treatment of services performed by **Rice Lake Physical Therapy and Rehab Specialists** rendered to myself or dependant.

The above listed information as provided by _____ and my insurance carrier, I believe to be true and correct. I agree to the terms and conditions of payment fees for services and treatment as presented in this document:

Consent to Treat-

As a customer service to you, **Rice Lake Physical Therapy and Rehab Specialists** verifies benefits prior to your first visit. However, we did not receive all of your information at the time of registration; any services rendered will be your financial responsibility until the information is obtained.

Signed: _____ ***Date:*** _____

SUMMARY OF OUR NOTICE OF PRIVACY PRACTICES

Rice Lake Physical Therapy & Rehab Specialists

Effective Date: August 19, 2003

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

Please review the full Notice of Privacy Practices (NPP) which is attached. If you have any questions about this notice, please contact Connie Ziccarelli, COO/Managed Care Operations at 877-552-2996.

WHO WILL FOLLOW THIS NOTICE:

- Rice Lake Physical Therapy & Rehab Specialists

This notice describes our privacy practices. All these entities, sites, and locations follow the terms of this notice. In addition, these entities, sites, and locations may share health information with each other for treatment, payment, or health care operations purposes described in this notice.

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this health care practice, whether made by your personal physical therapist or others working in this office. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- make sure that health information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to health information about you; and
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose health information. By coming for care, you give us the right to use your information for treatment, to get reimbursed for your care, and to operate our organization.

There are also various other ways in which we may use or disclose your information:

- **To Allow Oversight of the Quality of the Healthcare We Provide**
- **To Allow Workers' Compensation Claims**

- **As Required by Subpoena in Lawsuits and Disputes**
- **Various Uses as Required by Law or to Avert a Serious Threat to Health or Safety**

The full details for all these uses are contained in the full NPP.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.

You have the following rights regarding health information we maintain about you:

- **Right to Inspect and Copy**
- **Right to Amend**
- **Right to an Accounting of Disclosures**
- **Right to Request Restrictions**
- **Right to Request Confidential Communications**
- **Right to a Paper Copy of This Notice**

Information on how to exercise these rights can be seen in the NPP or can be obtained from Connie Zicarelli, COO/Managed Care Operations at 877-552-2996.

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 health 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 our facility. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register for treatment or health care services, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact Connie Zicarelli, COO/Managed Care Operations at 877-552-2996. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

OTHER USES OF HEALTH INFORMATION.

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.



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Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, have received the Notice of Privacy Practices from Turtle Lake Physical Therapy & Rehab Specialists.

X **Date:** _____

In lieu of patient signature, I, _____, a staff member

of Turtle Lake Physical Therapy & Rehab Specialists, state that

_____ has been given our current Notice of Privacy Practices.

X **Date:** _____