

FERNANDO MORENO PHYSICAL THERAPY LLC

6050 Kennedy Boulevard. East, West New York, NJ 07093

NJ License No.036219 NJ License No. 40QA015352001

NPI#1396117628 EIN# 47-5414454

Name:

Date:

Body Part for Evaluation:

Date of Birth:

This form is to develop a deeper understanding of the your medical history
Please fill out all eight [8] pages and bring it to your first appointment

1. When did your symptoms start?

→ Was there an event or trauma? Yes or No

2. Did you have surgery?

Yes or No

→ if so what type and date?

3. Where is your pain located? (ie outside of right elbow, both sides lower back)

4. In your own words can you describe the pain? (ie sharp, dull, achy, constant, radiating)

5. What do you believe caused your symptoms?

On a scale of 0-10 when your symptoms are at their worst, currently, and least
how would you rate them?

worst: (/10) → what activities aggravate your symptoms?

currently: (/10)

least: (/10) → what activities lessen your symptoms?

Do you have a history of any medical conditions?
(write **Y** next to valid responses)

Hypertension	Allergies	Osteoporosis
Metal implants	Chest pain angina	Bowel or bladder problems
Pacemaker	Heat or cold intolerance	Leakage of urine
Recent fractures	Hernia	Asthma
Kidney problems	Heart disease	Liver Gallbladder
Skin abnormalities	Seizures	Tobacco use
Heart palpitations	Diabetes	Stroke
Sexual dysfunction	Dizziness fainting	Cancer
Are you pregnant?	Headaches	Other:

Or write your unlisted past medical history below:

Please list the results of any current X-rays, MRI, or other medical tests:

Please list any medications:

Please list any allergies:

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Have you had any previous physical therapy?

Yes or No

→ if so when?

→ for what?

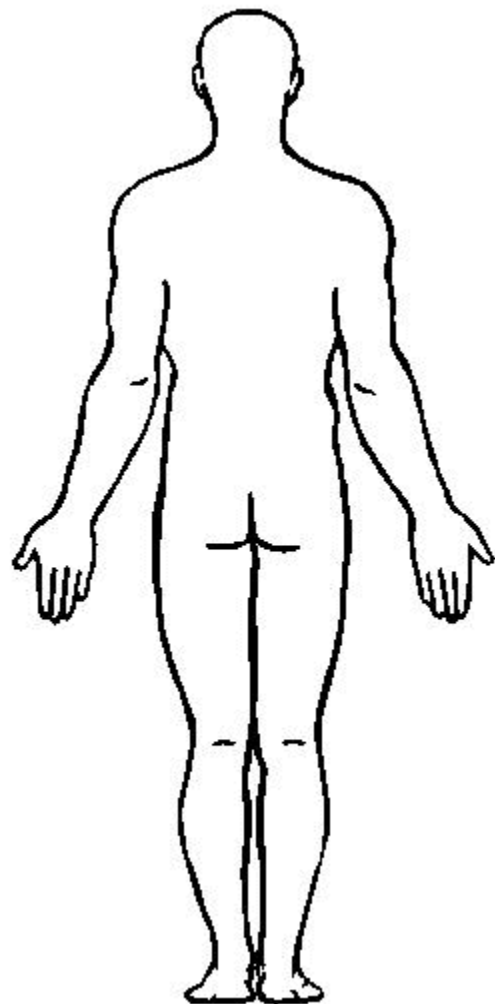
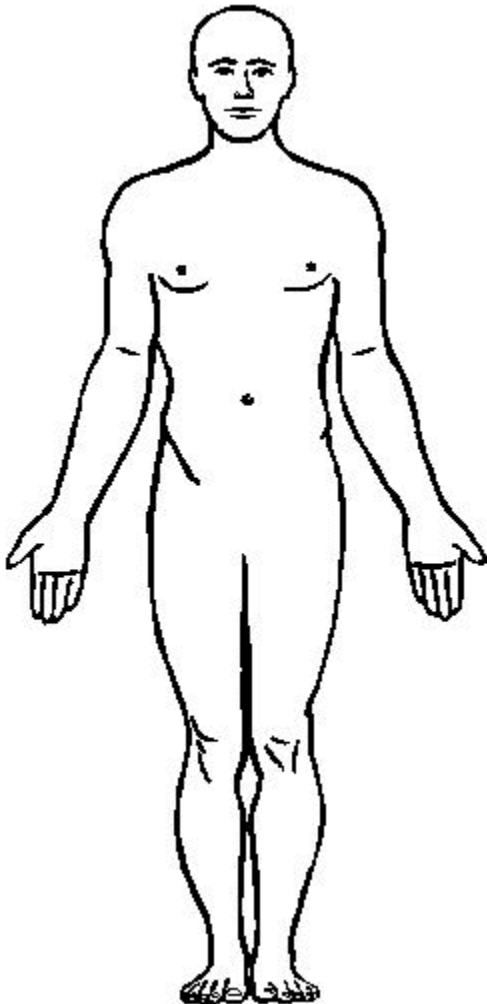
What are your personal goals for Physical Therapy?

Please fill in the diagram:

X X X Pain

→ → → numbness/ tingling

O O O other



Have you ever had any of the following (write Y next to any valid responses)

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INFORMED CONSENT FOR PHYSICAL THERAPY

Dear Patient:

Physical therapy involves the use of many different types of physical evaluation and treatment. At FERNANDO MORENO PHYSICAL THERAPY LLC, we use a variety of procedures and modalities to help us to try and improve your function. As with all forms of medical treatment, there are benefits and risks involved with physical therapy. Since the physical response to a specific treatment can vary widely from person to person, it is not always possible to accurately predict your response to a certain therapy modality or procedure. We are not able to guarantee precisely what your reaction to a particular treatment might be, nor can we guarantee that our treatment will help the condition you are seeking treatment for. In addition if you are our patient as a result of direct access (IE you have not seen a medical doctor prior to your visit) there is a possibility that a physical therapist may not fully diagnose or asses your current condition for example if part of the problem lies outside of the confines of the musculoskeletal system.

There is also a risk that your treatment may cause pain or injury, or may aggravate previously existing conditions. You have the right to ask your physical therapist what type of treatment he or she is planning based on your history, diagnosis, symptoms and testing results. You may also discuss with your therapist what the potential risks and benefits of a specific treatment might be. You have the right to decline any portion of your treatment at any time before or during your treatment session.

Therapeutic exercises are an integral part of most physical therapy treatment plans. Exercise has inherent physical risks associated with it. If you have any questions regarding the type of exercise you are performing and any specific risks associated with your exercises, your therapist will be glad to answer them.

I acknowledge that my treatment program has been explained by FERNANDO MORENO PHYSICAL THERAPY, and all of my questions have been answered to my satisfaction. I understand the risks associated with a program of Physical Therapy as outlined to me, and I wish to proceed.

Patient Name

Patient Signature

Date

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LATE CANCEL AND NO-SHOW POLICY

Twenty-four (24) hours notice is required for any cancellation or alteration of a confirmed appointment. Any cancellation or alteration of a confirmed appointment within 24 hours of that appointment or failure to participate in or attend a confirmed appointment will result in a **\$75 fee** to the patient.

Patient Name

Patient Signature

Date

MINIMUM PAYMENT FOR SERVICE

We do our best to give you a clear representation of what your insurance will cover, but with the ever evolving state of health care that can be a challenge. We set your payment plan with many variables in mind however, if your insurance + your co-insurance does not equal **\$175** you will be responsible for the difference on each session

DENIAL / RETRO-DENIAL OF INSURANCE CLAIM AFTER 12 VISITS

Insurance companies occasionally will deny or retro-deny a claim which is either a non-payment to the provider for services already rendered (denial), or demand repayments already paid for these services without notice to the provider or patient (retro-denial). Fernando Moreno Physical Therapy LLC accepts the risk of that possibility for the first 12 visits; however, if a patient would like to continue beyond 12 visits and a retro-denial or denial of a claim occurs the patient will be responsible for **\$175 payment per session** for each session denied or retro-denied.

Patient Name

Patient Signature

Date

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

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Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer or other entity responsible for payment. For example, your health plan may request and receive information on dates of service, the services provided and the medical condition being treated.

Health Care Operations. Your health information may be used as necessary to support the day-to-day activities and management of the Fernando Moreno Physical Therapy. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality as statistic **not** by name.

Law Enforcement. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations and to comply with government mandated reporting.

Public Health Reporting. Your health information may be disclosed to public health agencies as requirement by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of that authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Individual Rights

You have certain rights under the federal privacy standards. These include

The right to request restrictions on the use and disclosure of your protected health information

The right to receive confidential communications concerning your medical condition and treatment

The right to inspect and copy your protected health information

The right to amend or submit corrections to your protected health information

The right to receive an accounting of how and to whom your protected health information has been disclosed

The right to receive a printed copy of this notice

Fernando Moreno Physical Therapy L.L.C. Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

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Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and/or states laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting Fernando Moreno Physical Therapy LLC. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Complaints

If you would like to submit a complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Fernando Moreno Physical Therapy LLC
6050 Kennedy Boulevard East, Unit 2G
West New York, NJ 07093

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person

The name and address of the person you can contact for further information concerning our privacy practices is:

Fernando Moreno Jr, PT, DPT, CMP
6050 Kennedy Boulevard East, Unit 2G
West New York, NJ 07093
917-306-0725

Effective Date

This notice is effective on or after Oct 29, 2015.

Acknowledgement of Receipt of Notice of Privacy Practices

Fernando Moreno Physical Therapy, LLC. reserves the right to modify the privacy practices outlined in the notice.

I have read a copy of the Notice of Privacy Practices for Fernando Moreno Physical Therapy L.L.C.

Name of Patient (Print or Type)

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Signature of Patient

Date

Signature of Patient Representative

Date

(required if the patient is a minor or an adult who is unable to sign this form)

Relationship of Patient Representative to Patient

***Insurance Note:** Your payment plan is calculated from the information your insurance company provides to our facility. Any checks that are sent to you regarding physical therapy services from our therapists are to be signed over to "Fernando Moreno Physical Therapy" and mailed to 6050 Kennedy Boulevard East, West New York, NJ 07093 along with accompanying EOB or brought into your next session
please initial: _____