



Welcome to Fukuji & Lum Physical Therapy

Thank you for allowing Fukuji & Lum to serve as your provider for physical therapy care. We appreciate the trust you and your physician have placed in us. We will make every effort to ensure your experience is a positive one toward achievement of your physical therapy goals.

Your Attendance:

100% attendance is the key to achieving your therapy goals, so we ask that you keep all your scheduled appointments.

If you are unable to keep an appointment, please call 24 hours in advance to reschedule. We recommend that you make up a missed appointment within the same week in order to comply with the treatment plan approved by your physician.

Cost of Treatment:

The cost of your treatment may be covered in whole or in part by your insurance company. You are responsible for payment of a deductible and/or co-pay. Please call your insurance company for your percentage or exact amount.

Cash, check, or credit card may be used for payment.

**** I have read, understand and agree to the above policies. (Please initial)_____**

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

Notice of Privacy Practices:

Please read our Notice of Privacy Practices as it provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your protected health information, and of other important matters about your protected health information.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice, at any time by contacting any of our offices.

I have had full opportunity to read and consider the contents of this Consent form and your Notice of Privacy Practices. I understand that by signing this Consent form I am giving my consent to your use and disclosure of my or my child's protected health information to carry out treatment, payment activities, and healthcare operations.

Signature: _____ Date: _____

PATIENT REGISTRATION

Name: (Last) _____ (First) _____ (M.I.) _____ Sex: M F

Birth Date: _____ SS# _____ - _____ - _____ Phone: Home- _____ Cell- _____

E-mail address: _____ (optional)

Address: _____
City State Zip Code

Insurance Information

Primary Insurance: _____

Subscriber Name: (Leave blank if same as patient)

(Last) _____ (First) _____ (M.I.) _____ Sex: M F

Birth Date: _____ Pt's relationship to subscriber: Spouse Child Other: _____

Secondary Insurance: _____

Subscriber Name: (Leave blank if same as patient)

(Last) _____ (First) _____ (M.I.) _____ Sex: M F

Birth Date: _____ Pt's relationship to subscriber: Spouse Child Other: _____

Additional Patient Information:

Occupation: _____

Employer: _____ Work Phone: _____

Address: _____
City State Zip Code

I was referred to Fukuji & Lum Physical Therapy by:

My Physician NCM or Adjuster Other _____

Friend / Relative (please write their name if they were a former patient of Fukuji & Lum) _____

Emergency Contact:

(Last) _____ (First) _____ Relationship: _____ Phone: _____

ASSIGNMENT OF BENEFITS & RELEASE OF INFORMATION TO INSURANCE COMPANY

I hereby authorize Fukuji & Lum, Physical Therapy Associates, Inc. or its representative, Praxis to release to my insurance company or its representative my information including the diagnosis and the records of any treatment or examination rendered to me during the period of such medical care.

I hereby assign all medical benefits, to include major medical benefits to which I am entitled, including Medicare, Tricare, Private Ins., and any other health plan to Fukuji & Lum, Physical Therapy Associates, Inc. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I understand that I will be assessed a \$25.00 charge for each check returned due to insufficient funds. In the event of default, I (we) promise to pay legal interest on the indebtedness, together with collection costs (plus \$20.00 processing fee) and reasonable attorney fees as may be required to affect collection of this note. I hereby authorize said assignee to release all information necessary to secure payment.

****Signature:** _____ **Date:** _____