Barker Physical Therapy Clinic, S.C.

Welcome to Barker Physical Therapy Clinic. We take great pride in providing the highest quality Physical Therapy in the area and look forward to helping you successfully recover from your injuries.

It is very important to familiarize yourself with your insurance carrier to understand if there are required co-pays for each visit, annual deductibles, number of Physical Therapy visits allowed per calendar year, and if a referral is required to attend Physical Therapy.

Medicare, Medicare Advantage, and UPHP typically require physician referrals.

The VA, UHC Medicare Advantage, some BCBS, and UMR plans require prior authorization.

As a patient, you are expected to pay all copays at date of service and other balances within 30 days.

We ask that you provide a credit card (see attached form) that can be safely saved to make any outstanding payments monthly or $100 check or cash as a down payment when beginning your services. When your services are completed, any remaining balance will be returned. We are hopeful that this will make the payment process more streamlined and eliminate calls or mailings.

We implement a **no show/cancellation policy**. No shows will be $50.00 and last minute cancellations (under 2 hours) will be $30. These fees must be paid prior to your next appointment. Following 3 occurrences, we deserve the right to discharge for poor attendance.

We will attempt to schedule you with your preferred Therapist, however, due to timing of rehabilitation, scheduled vacations, illness, and overall patient loads we may have to schedule you with the first available Therapist.

Please wear or bring loose fitting clothing for appointments, some treatments require application directly to the skin.

Please have all personal information updated, new insurance cards, and preferred contact (text or phone call).

All insurance billing is outsourced with Tenuta Health. Office number is 262-371-3042.

Barker PT Prompt Pay

Barker Physical Therapy Clinic

2724 Cahill Road, Marinette, WI 54143
715-330-5547

Name: _____ **DOB:** _____

Address: _____ **Cellphone:** _____

City, State, Zip: _____ **Home Phone:** _____

Email Address: _____

Barker Physical Therapy Clinic has a 6 business hour Cancellation/Rescheduling Policy.

If you miss, cancel, or change your appointment with less than 2 business hours' notice, you will be charged $30.00 for first 2 occurrences and $50.00 for a third occurrence. No Show fee is $50.00.

By signing below, you acknowledge that you have read and understand the Cancellation Policy as described above.
Thank you for your understanding and cooperation.

All copays, cash services, dry needling, and other supplies not paid by insurance are to be paid at time of service.

Credit card authorization form must be filled out if past balance is higher than $250 and prior to scheduling additional treatments. If you have any questions please feel free to ask.

**** I give Barker PT Clinic, S.C. consent to treat my condition & understand that I "WILL" be Responsible for any Insurance Deductibles, Co-Pays, and Outstanding Balances, that are "NOT" covered by my Insurance listed above to Barker Physical Therapy Clinic, SC. I authorize Barker PT Clinic, S.C. to file an appeal on my behalf with my health plan, if there is any denied services.***

We impose a 3.00% surcharge on all Credit Card Transactions, which is not greater than our cost of acceptance. The adjustment will appear on your receipt. Any purchases made with a debit card or cash will not include a surcharge.

HIPPA Privacy Rule protects individual health information while allowing necessary access to health information, promoting high quality healthcare, and protecting the public's health. It permits uses of information while protecting the privacy of people who seek care. Full document of HIIPA is available upon request.

Signature: _____ **Date:** _____

PARENT / LEGAL GUARDIAN

Name: _____ **Relationship to patient:** _____

Barker Physical Therapy Clinic, S.C.

***Our updated policy requires a credit card/HSA card to remain on file for insurance plans with copay, deductibles of $500, and old patient balances of $250 or more.**

Barker Physical Therapy Clinic is offering a secure and convenient method of payment for the portion of services that your insurance does not cover, but for which you are responsible. This would include, co-payments, co-insurance, dry needling, supplements, and annual deductibles. Your credit card information will be confidential and secure, and payments to your card are processed only after the claim has been filed and processed by your insurance carrier.

Patient Name:_____

Card Holders Name (as shown on card): _____

Card Type:[ ] Visa [ ] Master Card [ ] Discover [ ] American Express ExpirationDate(mm/yy):_____

Credit Card Number:_____ **CVV(Security Code):**_____

Billing Zip Code:_____ **Email Address:**_____

Cardholder Signature:_____ **Date:**_____

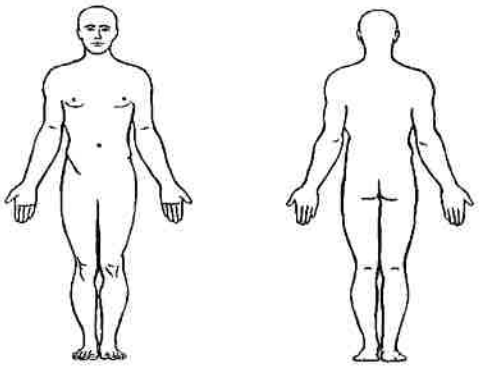
1.) I certify that I am an authorized user of this credit card, and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.
2.) I understand and agree that this form is valid until I give a 30- day written notice to cancel the authorization to Barker Physical Therapy Clinic, 2724 Cahill Road, Marinette WI 54143.

Credit Card on File Billing Authorization FAQ

1.) What is a deductible?
An annual deductible is the dollar amount you must pay out of your own pocket during your plan year for medical expenses before your insurance begins to pay. For example, if the policy has a $1000 deductible, you must pay the first $1000 of medical expenses before your insurance will begin to pay. Your insurance company must receive a claim in order to apply balances toward your deductible.

2.) What if I need to discuss my bill?
We will always work with you to resolve any issues and will refund you if a billing error is made. We will only charge you the amount that is instructed by your insurance carrier to collect as part of your patient responsibility on your EOB. You can call Tenuta Health at 262-371-3042 or Barker Physical Therapy at 715-330-5547 with any questions you may have on your bill. If you disagree with how your insurance carrier processed the claim you will need to contact them directly.

3.) Is my credit card secure?
Yes, we keep our credit card information securely within your HIPAA compliant Electronic Medical Record and Billing System along with an encrypted payment gateway.



Please indicate on the diagram above, where the areas with symptoms are located.

Patient Name: _____ DOB: _____

Referring Physician: _____ Family Physician: _____

Date of injury or Onset of symptoms? _____ Cause of Injury? _____

Frequency of your symptoms? **Constant Intermittent Getting better Worsening Staying the same**

On a Scale of 1-10 (10 being the highest), please rate your current level of pain? **Now _____ Best _____ Worst _____**

What movements, postures or activities ***increase*** *your symptoms?* _____

Does anything ***decrease*** your symptoms? _____

Has this condition caused any falls? **Y or N** Is this a work injury? **Y or N**

Previous treatment for this condition? **PT OT Massage Chiropractic Injection Surgery Exercise Medication Acupuncture**

If treatment was administered was it helpful? _____

Special Tests for this condition: **X-Ray MRI CT Scan ENG Hearing Test Blood Work EMG Biopsy Ultrasound**

Please List any previous Surgeries:

_____

Past Medical History: **Diabetes- Heart Disease- Stroke- COPD- Vascular Disease- Infection- Fibromyalgia- Parkinson's- MS- Whiplash- Concussion- Stomach Problems- Arthritis- Osteoporosis- Cancer- Vertigo- Motion Sickness- Auto immune Disease- Neuropathy- Muscle Atrophy- Acid Reflux- Headaches/Migraines**

Medications: **pain, anti-inflammatory, muscle relaxers, nausea, allergy, nerve, anxiety, blood pressure, heart, stomach, vitamins, herbals, topical creams or, over the counter**

Goals for therapy: _____

Patient Signature _____ **Date** _____