

Health Care Consent Form

Patient Name: _____

Patient MR#: _____

This form covers Health Care services provided by:

BodyWorks, Inc.

CONSENT FOR CARE AND/OR TREATMENT

I agree to:

- ⌘ Have outpatient treatment(s)
- ⌘ Have treatments/tests my doctor suggests
- ⌘ Have a wellness program developed

I am aware:

- ⌘ There are no guarantees for the results of treatments and exams.
- ⌘ I have the right to have a treatment or test my doctors believes is needed.
- ⌘ Doctors-in-training (residents), students in health-related programs (such as physical therapy students) and others may observe or take part in my care.
- ⌘ Agencies may be contracted to help to provide medical care and treatment at this facility.

CONSENT FOR USE/RELEASE OF MEDICAL INFORMATION

I understand I may change or cancel the following releases at any time unless the event has already occurred. This consent covers the release of medical information or records, including information, if any, regarding HIV status, AIDS, or Human Immunodeficiency Virus. An additional consent/authorization to release information about treatment for alcohol and/or substance abuse may be required.

Release of information for payment purposes. I agree that the Facility and my doctors/dentist can give information about my outpatient treatment to any party, government or charity that may be responsible for paying for my care. Only the information needed eligibility determination, payment or discharge planning will be given.

Release of information for treatment, health care operations and/or quality assurance purposes:

I agree that:

- ⌘ My doctors/dentist, Facility staff, and persons from regulatory or accrediting agencies can see my medical records for information needed to provide care or to do quality assurance reviews.
- ⌘ My medical records may be sent to the doctor who referred me to this Facility and to any health care facility, extended care facility or doctor who I may be referred.

FINANCIAL RESPONSIBILITY

I (the patient) agree to pay the facility for all charges for services and incidentals provided to me. Full payment is due within 30 days of billing. I am aware that some services may not be currently covered by my insurance and that fees will be paid by me privately to the facility.

Insurance Benefits: I agree that:

- ⌘ Any surgical, medical, or other (including major medical) benefits due to me under my health care plan shall be assigned (paid) directly to the Facility. **(SENDING THE INSURANCE CLAIM IS A SERVICE AND NOT A GUARANTEE OF PAYMENT.)**
- ⌘ I also irrevocable assign to the hospital all rights, titles, and interest in any compensation received or to be received from any source as a result of injuries sustained by me (patient), and
- ⌘ If my insurance company requires prior approval for services, it is my responsibility to get it.
- ⌘ I am personally responsible for paying the Facility and doctors/dentist for charges not covered by my insurance. I may choose to continue to receive these non-covered services even though I will be responsible for the charges.
- ⌘ If I not agree to allow the facility to bill the insurance company or if my insurance company does not allow the Facility to be paid directly, or if I do not authorize the release of my medical records that may be needed to pay a claim, I understand that I am responsible for paying the bill.
- ⌘ I also consent to the release of my medical records and other related information to my insurance company and authorize the facility to appeal, on my behalf, any denied claim(s).

Medicare/Medicaid/Federal and State Programs

- ⌘ In the event that I may qualify for Medicaid, or any other federal/state program, I consent to being referred to the Department of Social Services, or other applicable agencies and authorize the Facility to receive information regarding that referral and/or application.
- ⌘ The information I gave when applying for Medicare, Medicaid, or federal/state programs is correct. I give permission to the Facility and doctors to receive payment from any of these programs for services rendered to me.
- ⌘ I give permission to the Facility to release my medical information to Medicare/Medicaid/Federal and State Programs in order to receive payment for this and any other related claim(s).

Transferring Credits

- ⌘ I am aware that excess money paid to the Facility and due as a refund to me may be transferred to other bills at the Facility for which I am responsible.

PERSONAL VALUABLES

The Facility is not responsible or liable for my personal property or valuables.

My signature indicates approval of the terms on this form except for section(s) marked.

Patient Signature

Date

Witness

Date

If a patient is not able to consent or is a minor, complete the following

Responsible Co-Signer/Authorized/Legal Representative

Date

Witness

Date

Patient is unable to consent because: _____ a minor _____.

Responsible Party/Legal Rep.

Relationship

Date

Witness

PRIVACY NOTICE

NOTICE OF PRIVACY: BodyWorks Inc., has a Notice of Privacy that states how we may use and release your health information. A copy of the Notice of Privacy will be made available to you. Please let us know if you have questions about the Notice. By signing below, you (or your legal representative) agree that you been offered the opportunity to review our Notice of Privacy and understand its terms.

Patient /Legal/Responsible Party Signature

Date

Chart#: _____ Referring Dr.: _____ Date: _____

Patient Name: _____ Next Dr.'s Appt: _____

Please list prescription medications you are taking: _____

Allergic to any medications? Yes _____ No _____

If yes, please list: _____

Are you diabetic? Yes _____ No _____ Do you take insulin? Yes _____ No _____

Have you ever had surgery? Yes _____ No _____ When: _____

If yes please list: _____

Do you have high blood pressure? Yes _____ No _____ What are yor numbers? ____/____

Do you have a heart condition? Yes _____ No _____

Do you have a pacemaker? Yes _____ No _____

Have you ever had a blood clot/phlebitis ? Yes _____ No _____

If yes, please explain _____

Are you currently (or in the past) received treatment for cancer? Yes _____ No _____

If yes, when _____

Any other health problems? _____

FEMALES ONLY: Are you /could you be pregnant ? Yes _____ NO _____

Patient /Legal Guardian Signature: _____



BodyWorks

BodyWorks, Inc.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I, _____ hereby authorize
_____ to release
_____ medical records and information to the following
individual(s) or group of individuals, and/or facility: _____

The information will be used/disclosed for the following purposes: _____

Signature: _____

Date: _____

Relationship to the patient: _____

Witness: _____



Common Questions & Answers

Q: What is BodyWorks?

A: BodyWorks offers clinic on-site and mobile outpatient rehabilitation services and wellness services to the geriatric population and women's health across the lifespan. In addition, it also gives patients and clients the option to be seen in "formal" clinical setting. We focus on nurturing the patient's body, mind, and spirit with one-to-one care, convenience and mobility, and state of the art therapeutic equipment.

Q: What types of patients are seen by BodyWorks?

A: Many patients are referred by physicians, home health agencies, and other health care providers for help with such problems such as general orthopaedic issues, general pediatrics, neurological conditions, impaired mobility secondary from hospitalization or traumatic injuries, chronic health problems such as MS, diabetes, fibromyalgia, arthritis, osteoporosis, balance deficient, cancer rehab, and women's health issues. Patient age ranges from 18 years of age to 104 years old!

Q: Where are services provided to BodyWorks clients?

A: Physical Therapy and Wellness/Consulting services are conducted **on-site** at the patient's home, assisted living/retirement facilities, work environments, BodyWorks clinics, recreational facilities or healthcare provider facilities. A Licensed Physical Therapist, Licensed Physical Therapy Assistant, and Certified Personal Trainer/Certified Conditioning Specialist and Licensed Massage Therapist provide all services. **Appointments are conducted between the hours of 8:30 a.m.—5:30 p.m., Monday thru Friday.**

Q: What types of therapy services does BodyWorks, Inc. offer?

A: BodyWorks Physical therapy offers the traditional PT services such as hot/cold therapeutic agents, ultrasound, electrotherapy including NMEs and TENs, and iontophoresis, portable therapeutic exercise equipment, manual/soft tissue therapies, therapeutic massage, functional mobility training, balance training, wheelchair assessment & management, prosthetic and orthotic training, incontinence training, lymphedema management, cognitive retraining, neuromuscular re-education, and consultations for DME needs', ADL retraining, and work ergonomics. Patients also receive comprehensive and individualized computerized exercise programs and educational materials.

Q: What kinds of Wellness programs are offered by BodyWorks?

A: BodyWorks Wellness services address individual and group/community needs offered through community workshops, seminars, health fairs, and classes, which are offered throughout the calendar year to help promote personal growth and wellness. Programs included are Post-Rehabilitation, Women's Wellness, Massage Therapy, Pre-natal & Post-Partum programs, Osteoporosis Programs, Breast Cancer Wellness, Group Personal Training, and Individual Personal Training. Consulting services are offered to develop Wellness programs at the client's home, work settings, and healthcare facilities.

Q: How are BodyWorks services covered?

A: BodyWorks is an enrolled provider under **Medicare Part B** covering outpatient physical therapy services. Medicare Part B pays 80% of the cost for outpatient treatment. Supplemental insurance policies typically cover the additional 20%. If there is no supplemental/secondary policy the client is then responsible for payment of the 20% co-payment. ***

(Note: Home Health is a program offered under the Medicare A program. Recipients must be "homebound" to receive Home Health services.) ** (Medicare does not cover Wellness programs.)

BodyWorks, Inc.
PO Box 1346
King, North Carolina 27021
Phone: 336.918.7476
E-Mail: BodyWorks1@windstream.net
www.bodyworksforlife.com



CONTINUED:

BodyWorks Inc. is also an enrolled provider for **MedCost Preferred, Blue Cross & Blue Shield, some Medicare HMOs, United Health Care plans, Workers Compensation**, and some insurance require prior authorization within 24-48hrs of services. In addition, BodyWorks also accepts private payment and provides therapy plans that will work for the patient and receive “quality services.” Payments are accepted from Visa, MasterCard, cash, debit cards, and personal check.

Q: How long does an appointment take and how early should I arrive?

A: The initial visit usually lasts at least 1 hour. If you have not printed and completed the forms before you arrived, please plan to arrive an additional 15 minutes early. Please take your pain medications 30 minutes prior to the visit, and wear loose fitted clothing and comfortable shoes. In addition to, clients need to bring their insurance cards, MD prescription (if already ordered), and appropriate payment for co-payments or coinsurances. Payments are accepted from cash, personal check, debit cards, Visa, and MasterCard.

Q: How many sessions am I entitled to?

A: This depends on your insurance and medical necessity. Please contact your insurance provider for information.

Q: How do I know if my injury requires Physical Therapy?

A: If rest and other conservative efforts have not resulted in decreased pain, and an improvement in the condition, you are likely candidate for physical therapy.

Q: Do I have to have a prescription in order to be able to get Physical Therapy?

A: In North Carolina, the North Carolina Physical Therapy Practice Laws allows a physical therapist to evaluate and treat a patient without the referral of physicians (only Medicare patients require a physician signed plan of care). Under the provisions of the Practice Act, your physical therapist shall inform your physician of the evaluation with your consent, and your physical therapist shall consult with or refer a patient to a physician within 30 days of the initial consult if no reasonable progress has been made.

Q: What does this mean to you?

A: If you have an injury or medical condition that you can feel can benefit from Physical Therapy, you can call BodyWorks directly and start receiving care. We will verify your specific insurance plan to make sure that your insurance does not require a physician referral to be seen by physical therapy.

Our practice is unique and innovative and our team of therapists and wellness staff focuses on the client/patient is an individual! We offer “**one to one**” treatments and “**on hands approach**” with therapy and wellness treatments. ***“BodyWorks is working for your body for LIFE!”***

BodyWorks, Inc.
PO Box 1346
King, North Carolina 27021
Phone: 336.918.7476
E-Mail: BodyWorks1@windstream.net
www.bodyworksforlife.com





Attendance Policy

All patients are encouraged to arrive on time for their appointment. Your active participation is required to receive the maximum benefit from your rehabilitation program. If you find that you cannot keep your appointment, please call to reschedule as soon as possible so we may fill your appointment time with another patient. **Patients who fail to cancel appointments within 24 hours will be charged \$25.00.**

If you are a Workman's Compensation patient, we are required to notify your employer, case manager, and your physician of any missed or cancelled appointments. Compliance with your physician's rehabilitation prescription is important. Frequent cancellations or no shows by any patient will be reported to the referring physician.

BodyWorks, Inc.
PO Box 1346
King, North Carolina 27021
Phone: 336.918.7476
E-Mail: BodyWorks1@windstream.net
www.bodyworksforlife.com





BODYWORKS INC. MISSION STATEMENT: Our main goal is to help individuals regain their functional mobility and enhance their quality of life to the fullest potential. We are dedicated in providing high quality personalized outpatient rehabilitation and wellness services to our patients in their homes and communities. We are committed in working with local organizations and businesses to provide effective education and services. The clinicians of BodyWorks, Inc. demonstrate their commitment to excellence by providing professional, knowledgeable, and ethical care in a compassionate and personal way. We promise to do our very best so that our clients can attain their very best.

BodyWorks, Inc.
PO Box 1346
King, North Carolina 27021
Phone: 336.918.7476
E-Mail: BodyWorks1@windstream.net
www.bodyworksforlife.com



Payment Policy

Dear Patient:

Thank you for choosing BodyWorks, Inc. as your health care choice for therapy and wellness. We hope you understand that our credit and collection policies are necessary part of assuring the financial resources necessary to maintain a vital and current environment and tools to treat our patients. Please remember that payment of fees is your direct responsibility regardless of your insurance coverage. Please note, we require to have a copy of an existing Credit Card on record for any non-covered charges, deductibles, co-payments/co-insurances. Non-covered charges or co-payments, deductibles, co-insurances for medical services in the clinic or mobile services are due and payable at the time of services are rendered. You will be notified when your credit card is processed. Patients who fail to cancel appointments within 24 hours will be charged \$25.00. We accept cash, personal checks, debit cards, Visa, and MasterCard. If unusual circumstances should arise that make it impossible to meet your financial obligation, we will be happy to assist you in making arrangements for agreeable payment plans. Most insurance policies are accepted and will be filed for you.

I have read the above statements and agree to the payment responsibilities:

Name: (PRINT) _____

Signature: _____

Date: _____

BodyWorks, Inc.
PO Box 1346
King, North Carolina 27021
Phone: 336.918.7476
E-Mail: BodyWorks1@windstream.net
www.bodyworksforlife.com

