

INSURANCE INFORMATION AND NOTICE OF PRIVACY AND CONSENT

(FILL OUT THIS PART ONLY IF YOU DON'T HAVE YOUR INSURANCE CARD WITH YOU)

Name: _____ Subscriber Name: _____

Subscriber ID# _____ Subscriber Date of Birth: _____

Insurance Company Name: _____

Insurance Company Phone: _____ Contact Person: _____

Effective Coverage Date: _____ Physical Therapy Benefits? **Yes / No / Unknown**

Have any benefits been used this year? **Yes / No** Number of visits allowed: _____ Number of visits used:

Does this plan have a deductible? **Yes / No** How much is the deductible? _____

Consent for treatment of a minor: As parent and/or legal guardian, I authorize Berube Physical Therapy, Inc, to treat the minor named as the patient on the "Personal Information" form while I am not present.

Benefit Assignment/Release of Information: I hereby assign all medical benefits for which I am responsible to Berube Physical Therapy, Inc. I hereby authorize Berube Physical Therapy, Inc, to release all information necessary, including medical records, in order to secure payment.

Workers' Compensation Claims: If I claim Workers' Compensation benefits and am subsequently denied such benefits, I may be held responsible for the total amount of charges for services rendered.

HIPAA: I have read and fully understand Berube Physical Therapy's notice of information practices. I understand that Berube Physical Therapy, Inc, may use or disclose my personal health information (PHI) for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided, and any administrative operations related to treatment or payment.

I understand that if I notify the practice, I have the right to restrict how my personal health information (PHI) is used and disclosed for treatment, payment, and administrative operations.

I also understand that Berube Physical Therapy, Inc, will consider requests for restriction on a case-by-case basis, but does not have to agree to requests for restrictions.

I hereby consent to the use and disclosure of my personal health information (PHI) for purposes as noted in Berube Physical Therapy's notice of information practices.

I understand that I have the right to revoke this consent by notifying the practice in writing at any time.

I, the undersigned, do hereby agree and give my consent for Berube Physical Therapy, Inc, to provide physical therapy care and treatment necessary and proper in evaluating and treating my physical condition. I further understand that my treatment may be provided by a Physical Therapy Assistant, under the supervision of the primary therapist(s).

Signature: _____ **Date:** _____