PINNACLE
PHYSICAL THERAPY

P: 208.777.4242 | www.PinnaclePhysicalTherapy.org | F: 208.777.4020

COLLABORATION HEALING QUALITY Identity WINS TEAM COMMUNITY SUCCESS

Welcome to a Better Experience

Trusted with Quality Care Since 2004

You made a great choice in choosing us for your care. Our patients have enjoyed celebrating success with us since 2004. We build a foundation of trust with our patients by providing quality education on their condition and a specialized plan to get them back to life with superior long-lasting results.

VOTED BEST OF 2018 PHYSICAL THERAPY FACILITY North Idaho BUSINESS JOURNAL

Your First Visit

Your experience begins with a check-in at the front desk. Our staff will navigate the insurance and billing process so you can focus on your recovery. For the best experience, fill out the intakes online before coming in.

An In-Depth Analysis

On your first visit, your physical therapist conducts an in-depth examination to determine the appropriate course of treatment for you!

Your initial evaluation will cover topics such as what activities provoke your pain, how your life is impacted, and what your goals are with treatment. Open communication with your therapist is important to help us understand your problem.

The therapist will analyze your movement, assess your strength, and identify a comprehensive understanding of your condition. We use these measurements to showcase your improvement throughout treatment.

Education

Your therapist will educate you on your specific condition and the causitive factors resulting in undesireable pain and dysfunction. You'll learn the specific interventions and tools that our physical therapists will employ to assist in restoration of your body back to normal.

Your therapist will set goals and determine a timeline in which you can expect to complete therapy and which activities you should expect to return to.

Continued on reverse.

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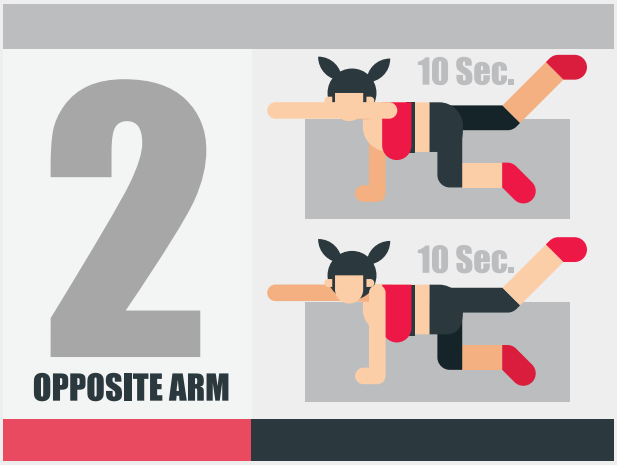


A Detailed Plan

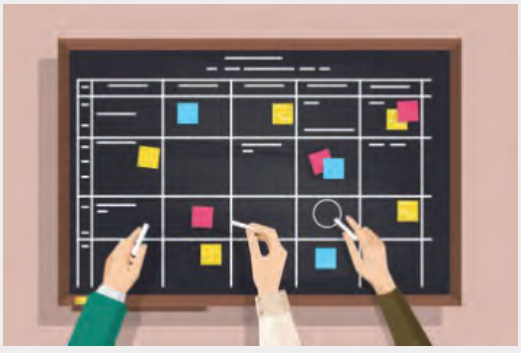
After evaluating your conditions and goals, your therapist will develop a customized plan of care to ensure the quickest recovery and the best long-term results. This may include manual therapy techniques, corrective exercises, stretches, or lifestyle changes to meet your goals.

Additionally, your therapist will develop a home exercise program that is a crucial component in the success of your treatment. As you progress through your program, the therapist will continue to refine your exercises to maximize the benefits of treatment.

Beginning Treatment

During your first day, your therapist will begin treatment which may involve hands-on manual therapy techniques, strengthening exercises, stretches, or other techniques to resolve pain and get you on your road to recovery.

It's important to dress in athletic clothing; shorts and a T-shirt are typically a good choice.



Scheduling Future Appointments

After completing your first visit, we'll schedule your entire course of treatment as determined appropriate by your therapist. Most patients are seen 2-3 times per week for several weeks to ensure optimal recovery, lasting results, and your goals achieved.

We offer phone, text, and email reminders to assist with these and offer free rescheduling if a conflict comes up with greater than 24-hours notice.

Your therapist will document his or her findings and treatment recommendations to submit to your referring physician and other medical professionsals on your care team.


Pinnacle Physical Therapy
1590 E. Polston Ave., Suite B.
Post Falls, ID 83854
208.777.4242
IDAHO ST
SELTICE WAY
PINNACLE
PHYSICAL THERAPY
SYRINGA
POLSTON AVE
NORTHWEST
SPECIALTY HOSPITAL
QUALITY CARE SINCE 2003 | PROUDLY OWNED AND OPERATED BY PHYSICIANS
AXIS
SPINE

PINNACLE
PHYSICAL THERAPY

Consent for Treatment, Billing Agreement and Privacy Policies

Information for patients without insurance:
If you do not have insurance coverage, you will be expected to pay for your bill, in full at the time of service, or make appropriate payment arrangements with one of our administrative staff members. For your convenience we accept cash, checks, Care Credit, major credit cards and debit cards. Pinnacle Physical Therapy will not bill any insurance plan at a later date if the Patient/Legal Guardian elects to be Self Pay at the time of service and will not provide any documentation to Patient/Legal Guardian bill insurance, only itemization showing self pay payment.

Information for patients with insurance:
Insurance coverage is a contract between you and your insurance company. As a courtesy to you, we will file your medical claim with your insurance company in a timely manner. In most instances, we will accept payment directly from your insurance company in accordance with your policy's terms and apply the payment to your account. Contractual discounts will be applied at that time.

You are responsible for any co-payment, co-insurance, or deductible. Co-pays are expected at the time of service. Even though we provide you with the most up to date information about your benefits, ultimately, you are expected to know your co-pay and deductible amounts. **We expect payment in full on the arrival of your bill. If you are unable to pay in full we will allow 3 payments on your balance for the account to be paid in full or we do a payment plan only through Care Credit. Please ask the office staff for an application or visit www.carecredit.com.**

You will receive periodic statements indicating that we have billed your insurance company on your behalf. However, **you are ultimately responsible for payment of your physical therapy services.**
If your insurance company fails to pay your claim in a timely manner, or rejects your claim in part or in full, you are personally responsible for, and will be billed directly for the services you received. If this happens you will need to contact your insurance company directly to discuss the reason for the denial of benefits.

HIPPA/PRIVACY POLICY:
We are required by law to maintain the privacy of your health information and provide you with a copy of our Privacy Policy. Specifically HIPPA and Pinnacle's Privacy Policy individually identify you and relate to (1) your past, present, or future physical or mental health; (2) related healthcare services; or (3) your past, present or future payment for your healthcare. Under no circumstances is your private healthcare information given to anyone unless your consent is given. If you wish for someone to be authorized to assist you with your care at Pinnacle, written consent will be needed. We may use health information about you to provide, coordinate or manage your healthcare and related services. We may disclose health information about you to your doctor, staff or others who are involved in taking care of you and your health. For example, your doctor may be treating you for a heart condition, which we may need to know about to determine the best plan of care. If you have any further questions about our HIPPA or Privacy Policy we have a copy at the front desk.

Please review your insurance verification form given to you at your initial evaluation. This form has your deductible and copay information on it.

If you still have specific questions you can do any of the following:

- Call our Billing Specialist 208.777.4242
- Phone: 208.777.4242 OR Email: katie@pinnaclephysicaltherapy.org

- I have read and agree to the terms of this statement
- I consent to receive Physical Therapy care at Pinnacle Physical Therapy and Sports Medicine
- As a Guardian/Parent I consent to my dependent being seen without myself on the premises (ex: dropping off a minor to be treated)

Signature of Patient/Guardian Date Printed Name of Patient Date

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Pinnacle Physical Therapy Appointments Policy

☐ Our commitment to your well being is something everyone in our clinic takes very seriously. **Because we care so much about you, we realize that it would be a disservice to you if we did not emphasize the importance of consistent attendance and your own commitment to the care you need.**

☐ In order for you to achieve your goals and get out of pain, we expect you to keep all of your appointments. However, we understand that things come up unexpectedly and sometimes rescheduling an appointment is necessary. Here's the rules we ask you to follow:

- If you need to cancel an appointment during a week of PT treatment, we expect that you provide us with 24 hours notice. (This gives us an opportunity to staff our team accordingly and help somebody else out with a PT appointment in place of yours).
  In addition to 24 hours notice, we strongly recommend scheduling an alternative day and time for a PT appointment in the same week to allow you to keep the healing and rehabilitation process moving forward and not losing ground on your progress.

☐ *If you do not comply with those requirements, we will be forced to assess a $50.00 cancellation fee.*

☐ *No showing for a PT appointment is inexcusable and will result in us assessing a $75.00 fee for lack of consideration for our policy and neglect for the proper level of communication.*

- *I have read and agree to these attendance terms*

_____

Signature of Patient / Guardian Date

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Credit Card on File Agreement

I authorize Pinnacle Physical Therapy to keep a credit card on file to satisfy my financial obligations as defined by Pinnacle Physical Therapy's Consent for Treatment, Billing Agreement and Privacy Policies and Pinnacle Physical Therapy Appointments Policy.

I understand that Pinnacle Physical Therapy is utilizing the latest standards in card data security and HIPAA compliance. Card data being stored is encrypted and tokenized and stored off-site in a secure vault trusted by many fortune 500 companies.

I understand that Pinnacle Physical Therapy will automatically debit the card on file for any patient responsibility, including standard co-pays, deductibles, co-insurance balances, remaining balances, payment plans, same-day cancelation and no-show fees.

I understand that I can update my card information on file at any time by contacting our office directly. In fact, it is my responsibility to notify Pinnacle Physical Therapy of any updates or changes to the credit card on file associated with this agreement as soon as possible.

Patient Name (printed): _____

Patient Signature: _____

Patient Date of Birth: ___/____/_____

Last 4 digits of Credit Card to be put on file: _____

Expiration Date: _____

PINNACLE PHYSICAL THERAPY

PATIENT INFORMATION:

Name_____DOB _____
Last First MI

Sex: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married/Partner **Email**:_____

Mailing Address _____ City _____ State_____ Zip_____

Permanent Address (if different from current address) _____

Home Phone _____ Cell Phone _____ SSN _____

Employer_____Occupation_____

Preferred method for appointment reminders ☐ Text ☐ Phone Call ☐ Email

How did you hear about Pinnacle? ☐ Physician ☐ Phone Book ☐ Internet ☐ Friend ☐ Other _____

Responsible Party (if different from patient):

Name: _____ (Parent/Guardian Name)

Address: _____Phone #: _____

PHYSICIAN INFORMATION:

Referring Physician _____Primary Physician ☐

We would like to send the Physician who referred you a Thank You note. We want to maintain your privacy and asking if this would be acceptable. Do you agree that we can do this? YES ☐ NO ☐

ACCIDENT INFORMATION: Type: ☐ Work ☐ Auto ☐ Sport ☐ Other

Date of Injury: _____ Claim #:_____ Place of Injury: _____

Brief Description of Injury: _____

_____

INSURANCE INFORMATION: (If you have your insurance card we can copy and you do not need to fill this part out)

Primary Ins. _____Subscriber Name:_____
Date of Birth: _____ Policy #: _____Group #: _____
Secondary Ins. _____Subscriber Name:_____
Date of Birth: _____ Policy #: _____Group #: _____

Medicare Patients:

Have you had physical therapy this year? ___ Y ___N
Have you had Home Health Care this year? ☐ Y ____N

Emergency Contacts:

1. Name: _____ Phone #: _____ Relationship: _____
2. Name:_____ Phone #:_____ Relationship: _____

PINNACLE PHYSICAL THERAPY

MEDICAL PROFILE QUESTIONNAIRE

Name_____ **Age** _____ **Date**_____

Height **Weight** **Date of Injury and/or Surgery**_____

What are your main complaints or concerns (what brought you to therapy)?

What is your main goal or objective in coming to therapy?

If any, what other treatment has been tried for this problem (medications, chiropractic, ice…)**?**

MEDICARE PATIENTS: Have you fallen within the last year? ☐ Yes ☐ No

If yes, how many times? _____ **Were you injured in the fall(s)?** _____

Past Medical History: Please mark any you *have* or *have had*

☐	Cancer(s):		Diabetes
☐	Surgeries:		Head Injury
☐	Heart problems:		Seizures
☐	Do you have a pacemaker? ☐ Yes ☐ No		Stroke
☐	Arthritis:		Lung Problems
☐	Tape or latex allergies ☐ Yes ☐ No Any other allergies?		High Blood Pressure
☐	Vascular problems:		Depression
☐	Hospitalizations:		Thyroid Problems
☐	Other:		Kidney Problems

Medications* (Prescription and Over the Counter) or supplements you are currently taking

Name	Dosage	Frequency (circle one):	Form (circle one):
		_____ times a day / week	Oral ☐ Injection ☐ Other:
		_____ times a day / week	Oral ☐ Injection ☐ Other:
		_____ times a day / week	Oral ☐ Injection ☐ Other:
		_____ times a day / week	Oral ☐ Injection ☐ Other:

*If medication outnumbers four, please attach a separate list or use the back of this page.

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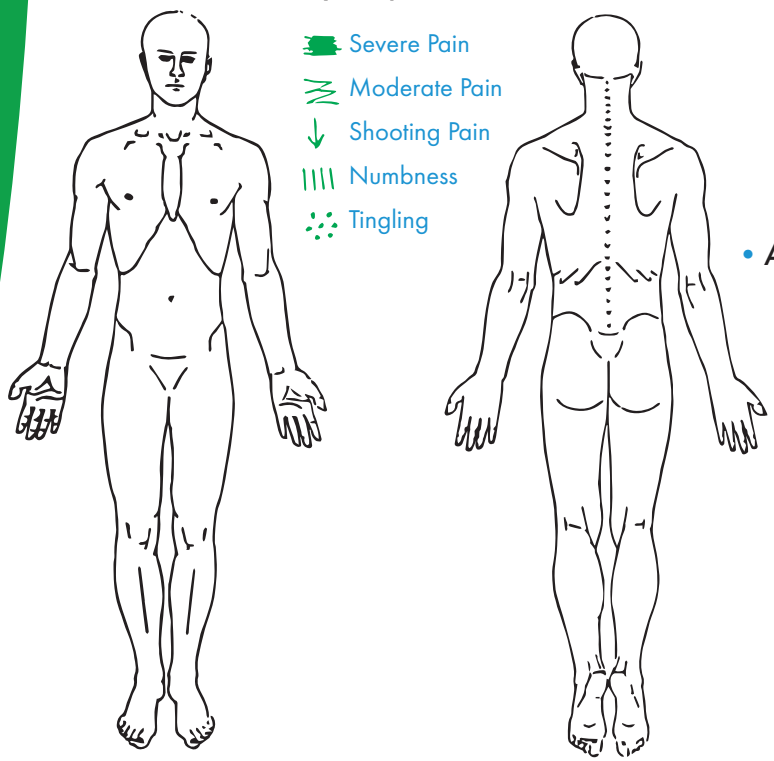
Tell Us About Your Pain

- **Name:** _____
- **Today's Date:** _____
- **Date of Birth:** _____
- **Body part(s) or diagnosis:** _____
- **When did symptoms begin?** _____

- **How's your overall health?** (Circle One)
  Excellent • Good • Fair • Poor • Very Poor
- **How was your function pre-injury?** _____%
- **How's your current level of function?** _____ %
- **Is your overall condition:** (Circle One)
  Improving • Getting Worse • Staying the Same

- **Rate your pain:** (O - No Pain to 10 - Worst Imaginable)
  Current Pain (0 to 10): _____
  At Best (0 to 10): _____
  At Worst (0 to 10): _____

- **Please draw where your pain is:**



- **What eases your symptoms?**
  - ○ Moist Heat
  - ○ Rest
  - ○ Ice
  - ○ Change in Position
  - ○ Medication
  - ○ Other: _____

- **Have you received any of the following tests for this problem?**
  - ○ X-Rays
  - ○ Bone Scan
  - ○ MRI
  - ○ EMG
  - ○ CT Scan
  - ○ Nerve Conduction Study
  - ○ Other: _____

- **Which activities increase your symptoms?**
  - ○ Bending
  - ○ Reaching
  - ○ Squatting
  - ○ Driving
  - ○ Walking
  - ○ Stairs
  - ○ Kneeling
  - ○ Rising
  - ○ Standing
  - ○ Lifting
  - ○ Sitting
  - ○ Twisting
  - ○ Other: _____

- **Circle any pain descriptions that apply below:**

Aching	Numbness	Catching
Stabbing	Pins & Needles	Burning
Shooting	Dull	Tingling
Throbbing	Radiating	Sharp

- **Additional comments:** _____