1140 Edwards Village Blvd,
Suite B-208, P.O. Box 4828,
Edwards, CO 81632

Phone: (970) 569-3883
Fax: (970) 569-3884
www.jointworx.com

REGISTRATION FORM SARA JILL MANWILLER, INC

Patient Name (First, Middle, Last) _____

Local Mailing Address (with City, State, Zip) _____

Other Mailing Address (City, State, Zip) _____

Phone (Home) _____ (Cell) _____ (Work) _____

Email Address_____
Date of Birth _____ **Social Security #** _____ **Marital Status** _____
Employer_____
Employer Address _____**City/State/Zip Code**_____
Job Title _____
Diagnosis _____**Date of Injury** _____
Who referred you to Jointworx Physical Therapy? _____
Emergency Contact _____Relationship _____ Phone # _____

Is this a **Work Comp** injury? Yes or No. If yes, have you reported it to your employer? Yes or No
If **Work Comp**, who is the WC insurance carrier? _____ Claim # _____
Adjustor Name & Phone Number: _____ Date of Injury: _____
Auto Accident? Yes or No. Insurance carrier? _____ Claim # _____
Surgery? Yes or No. Type of surgery and date? _____

Insurance Policy Holder and/or Financially Responsible Person **Circle here if same as above**
Name_____ **Relationship to Patient** _____
Address _____
Phone (Home) _____ **(Work)** _____ **Date of Birth**_____
Social Security # _____ **Employer**_____
Insurance Information: Policy # _____ Group # _____
Insurance Company _____ Phone # _____
Co-pay Amount $_____ Deductible Amount $_____ **Is it met for this year? Y N**
Do you have a secondary insurance? Yes or No. If yes, with whom? _____

Because insurance companies vary in their coverage of physical therapy services, we recommend that you call your insurance company to inquire about coverage. **You are responsible for all co-pays, deductibles, and portions of your bill not paid by your insurance company. Deductibles, co-pays and co-insurance are due at the time of service.** If you pay privately, payments are due at the time of service, unless other arrangements have been made. Initial exams cost between $155-$300 and subsequent visits range from $80-$205 on the average. Please ask about special arrangements if you do not have insurance or are suffering a financial hardship. Interest will be charged on accounts due over 90 days of 1.5% month and up to18% year. If you fail to pay and are taken to collections, you will be responsible for any additional attorney fees, court costs and an additional 35% collection fee of the outstanding balance that is past due.

If you are claiming a Workman's Compensation injury, please check with your employer to see that the necessary paperwork has been processed and filed at your place of employment. If your case is denied for any reason, you will be responsible for the bill.

We call your insurance company as a courtesy to determine benefits, but sometimes insurance will quote incorrect benefits. Ultimately, it is your responsibility to know your plan's benefits.

I certify that I, and/or my dependants, have insurance coverage as stated above, and assign benefits directly to Sara J. Manwiller, Inc., DBA Jointworx Physical Therapy.

Name _____ **Date** _____ 2018
SIGNATURE

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JointWorx PHYSICAL THERAPY

Sara Jill Manwiller, INC

TO OUR PATIENTS REGARDING CANCELLATIONS AND NO-SHOWS

The following are our policies regarding cancellations and no-shows. We take this subject seriously because it can make a difference between responding to treatment or not. Usually, your referring doctor and/or therapist have prescribed a set frequency of treatment. If you show up for treatment, it will enable you to get better. Other than that, all you need to do is follow your therapist's instructions, and you should achieve your goals in treatment.

- **We require 24 hours notice in the event of a cancellation.** It is your responsibility, when you call in, to have an alternative time in mind that will ensure you get the full number of prescribed treatments that week whenever possible.

- There is a **$40 charge for a cancellation or no-show without proper notice**. This charge will not be covered by your insurance, but will have to be paid by you personally.

- For **Workman's Compensation and Personal Injury patients:** Documentation of any missed appointments is forwarded to your case manager and primary physician. This could jeopardize your claim.

- You may occasionally need to see another therapist other than the one who normally sees you if you need to re-arrange your appointment. All of our therapists are experienced professionals and they will study your chart. You may return to your original therapist at the next appointment.

- Please understand that your pain will probably increase and decrease as your course of treatment progresses and before it is finally eliminated. Neither of these conditions should be a reason to not come in: 1) Your pain is gone or 2) Your pain is worse. If the pain is gone, now is the time to really begin rehabilitating the injured area to prevent re-occurrence. If your pain is worse, we can do something to help it. It is actually quite common to be sore after manual therapy treatments.

- **When you don't show as scheduled, three people are hurt.** You, because you didn't receive the treatment you need as prescribed as your doctor and/or PT; the PT who now has a hole in their schedule; and the person that couldn't get in when you had your appointment scheduled.

- **Thank you for cooperating with us on this regard.** We are looking forward to working with you.

_____ _____

Patient Signature ***Date***

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Sara Jill Manwiller, INC

INFORMED CONSENT

Physical therapists, chiropractors, medical doctors, and osteopaths who perform manual techniques and/or modalities are required by law to obtain your informed consent before starting treatment.

I, _____, do hereby give my consent to the performance of conservative noninvasive treatment to the joints and soft tissues. I understand that the procedures may consist of manipulations/adjustments, stretching, joint mobilizations, myofascial release, and osteopathic manual medicine. Exercises, ultrasound, muscle electric stimulation, heat and/or ice may also be used.

Although physical therapy, including but not limited to, the techniques listed above are considered to be one of the safest forms of therapy for neuromusculoskeletal problems, I am aware that there are possible risks and complications associated with these procedures. These complications are as follows:

Soreness/Bruising: I am aware that, like exercise, it is common to experience muscle and joint soreness and occasionally bruising in the first few treatments.

Dizziness: Temporary symptoms like dizziness and nausea can occur, but are relatively rare.

Fractures/Joint Injury: I further understand that in isolated cases, underlying physical defects, deformities or pathologies like weak bones from osteoporosis may render the patient susceptible to injury. When osteoporosis, degenerative disc, or other abnormality is detected, the therapist will proceed with extra caution.

Stroke: Although strokes happen with some frequency in our world, strokes from manipulation are rare. I am aware that nerve or brain damage including stroke is reported to occur once in a million to once in ten million (1:1,000,000 to 1:10,000,000) treatments. Once in a million is about the same chance as getting hit by lightning. Once in ten million is about the same chance as a normal dose of aspirin or Tylenol causing death.

Special tests have been or will be performed on me to minimize the risk of any complication from treatment and I freely assume these risks.

TREATMENT RESULTS

I also understand that there are beneficial effects associated with these treatment procedures including decreased pain, improved mobility and function, and reduced muscle spasms and restrictions. However, I appreciate there is no certainty that I will achieve these benefits.

I realize that the practice of medicine, including physical therapy, is not a perfect science and I acknowledge that no guarantee has been made to me regarding the outcome of these procedures.

I agree to the performance of these procedures by my therapist.

ALTERNATIVE TREATMENTS AVAILABLE

Reasonable alternatives to these procedures have been explained to me including rest, home applications of heat/cold therapy, prescription or over-the-counter medications, exercises, and possible surgery.

Medications: Medication can be used to reduce pain or inflammation. I am aware that long-term use or overuse of medication is always a cause for concern. Drugs may mask pathology, produce inadequate short-term relief, undesirable side effects, physical or psychological dependence, and may have to be continued indefinitely. Some medications may involve serious risks.

Rest/Exercise: It has been explained to me that simple rest is not likely to reverse pathology, although it may temporarily reduce inflammation and pain. The same is true of ice heat, or other home therapy. Prolonged bed rest contributes to weakened bones and joint stiffness. Exercises are of value, but are not corrective of injured nerve and joint tissues.

Surgery: Surgery may be necessary for joint instability or serious disk rupture. Surgical risks may include unsuccessful outcome, complications, pain or reaction to anesthesia, and prolonged recovery.

Non-treatment: I understand the potential risks of refusing or neglecting care may include increased pain, scar/adhesion formation, restricted motion, possible nerve damage, increased inflammation, and worsening pathology. The aforementioned may complicate treatment making future recovery and rehabilitation more difficult and lengthy.

I have read or had read to me the above explanation of physical therapy treatment. Any questions I have had regarding these procedures have been answered to my satisfaction PRIOR TO MY SIGNING THIS CONSENT FORM. I have made my decision voluntarily and freely.

To attest to my consent to these procedures, I hereby affix my signature to this authorization for treatment.

_____ Signature Date_____

_____ Signature of Parent or Guardian (if a minor) Date_____

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JointWorx PHYSICAL THERAPY

Personalized Rehabilitation Solutions

Acknowledgement of Receipt of Notice of Privacy Practices

As part of my health care, Sara Jill Manwiller, Inc., DBA JointWorx Physical Therapy (The Company), creates and stores information about me. This includes records concerning my health history, symptoms, examinations, test results and plans for future care.

I understand this information serves as a basis for my continuing care. I understand this information is used as a means of communication among The Company's personnel, and with medical personnel outside of this practice. I understand this information serves as a source of information for applying my diagnoses and surgical information to my bill. I understand this information is a way for third party insurance companies to assure that a service we billed for was actually performed.

I understand this information can be used as a tool to assess the quality of care provided to patients. I have been provided an opportunity to review the Notice of Privacy Practices for The Company that provides a more complete review of information uses and disclosures. I understand that I have the right to review this notice of Privacy Practices before signing this consent.

I understand that The Company may change its Notice of Privacy Practices at any time and that a current copy will be available for my inspection during regular business hours of each medical office and at the central billing office.

I understand I have the right to request restrictions as to how my information may be disclosed to carry out treatment, payment or other healthcare operations and that The Company is not required to agree to restrictions requested. The procedure to request restriction on information use and disclosure is contained in the Notice of Privacy Practices.

I acknowledge that I have received a copy of the Notice of Privacy Practices of Sara Jill Manwiller, Inc., DBA JointWorx Physical Therapy and agree to the liability limitations explained therein.

_____ _____ _____

Signature of patient or legal representative **Date** **Relationship to patient**

_____

Printed name of patient