ATHLETIC ADVANTAGE PHYSICAL THERAPY, INC.

New Client Information

Location: **8849 Whitney Drive, Lewis Center Ohio 43035** **phone: 740.549.7041**

Welcome to Athletic Advantage Physical Therapy!
Visit our website www.ptadvantage.com

Please complete these forms and return them to us at the time of your appointment.

Also, please bring your physical therapy referral/Rx from your physician if applicable, your driver's license and insurance card(s). For Workers Compensation claims, bring your BWC and MCO cards and a C-9 authorization from your doctor on record.
For auto accidents, please provide your attorney's info if applicable, proof of auto insurance certificate and driver's license.

We recommend that you wear comfortable loose fitting sportswear to your appointment.

- ***There is a $45 fee charged to clients who fail to give 24 hours notice of a cancellation and if we are unsuccessful to schedule another patient.***

- ***There is a $65 fee charged to clients who fail to show up for an appointment and do not call to give advance notice.***

Thank you!
We look forward to serving you,

Athletic Advantage Physical Therapy **PATIENT INFORMATION COLLECTION FORM**

Patient Name _____Age _____Date_____

Address _____ City _____ State _____ Zip _____

Home Phone ( ) _____Cell Phone ( ) _____Other Phone _____Male__ Female __

Birth date _____ SSN _____ Marital Status: Single __ Married __ Other __

Spouse or parent's name (as applicable) _____ Phone Number ( ) _____

Address if different from above _____ City _____State ____ Zip _____

Email address: _____

Employer / School Name _____ Address _____

Emergency Contact _____ Phone ( ) _____ Referred by _____

Is this visit related to: Your employment? (work injury) Y / N Auto Accident? Y / N Sports? Y / N
If other reasons please explain:
_____

Your Physician's name _____ Date accident/injury occurred? _____

Address _____ Phone ( ) _____

I understand that AAPT will use the above address and/or phone numbers to contact me and leave messages if necessary regarding: scheduling appointments, appointment reminders and other information. □ Yes you may contact me □ No, please use alternate method
Alternate method of contact_____
Initials of Patient/Legal Representative_____

GUARANTOR INFORMATION (Person responsible for paying for this appointment) Write "same as patient" if patient is Guarantor.

Name_____ Relationship to patient _____ Home Phone ( ) _____
Address_____ City _____ State_____ Zip _____ Other Phone ( ) _____
Social Security Number _____ Date of Birth _____
Guarantor's Place of Employment _____ Employer Phone _____ Insurance? Y/N
Guarantor's Employer Address _____ City _____ State ___ Zip _____

Insured's (Subscriber) Information (Person carrying insurance on this patient)

Name _____Relationship to patient _____Home Phone ( ) _____
Address _____ City _____ State __ Zip _____ INSURANCE_____
Subscriber's Place of Employment _____ Phone # ( ) _____
Insurance Group Number _____ Insurance ID Number _____
Subscriber's Employer Address _____ City _____ State _____ Zip _____
Social Security Number _____ Date of Birth _____

If Spouse's insurance is applicable, Spouse's name _____ Insurance & Group Number _____
Spouse's Place of Employment _____ Employer Phone Number ( ) _____
Spouse's Employer Address _____ City _____ State _____ Zip _____
Social Security Number_____ Date of Birth _____

There is a fee for NO-SHOWS and CANCELLATIONS received less than 24 hours prior to your scheduled appointment

Athletic Advantage Physical Therapy, Inc.
8849 Whitney Drive
Lewis Center, OH 43035
Phone# 1-740-549-7041
Fax# 1-740-549-7045

CONSENT TO BE TREATED

Under direct access law in the state of Ohio I am requesting an evaluation and treatment for current injuries and or pain complaints.
It is my choice whether to obtain a prescription from my physician or to seek rehabilitative treatment independently. In either case, I believe it is in my best interest to pursue treatment. My insurance carrier may request proof of medical necessity. If this becomes necessary, I understand my responsibility to obtain proof of medical necessity from my primary care or family physician or another medical doctor. I also authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in my case.

I direct my insurer, attorney or third party administrator to directly pay without equivocation AAPT all the benefits due them. I am aware that I am personally responsible for all charges by AAPT. This may include but is not limited to medical insurance, auto insurance, third party liability claims and workers compensation if the BWC claim is denied. If my account is turned over to a collection agency or attorney, I am responsible for those additional fees added to my balance. If I receive any payment or Explanation of Benefits (EOB) from my insurance carrier, I will immediately give them to AAPT.

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I have read all the above information and understand it.

Signature _____ Date _____

Print Name_____

I acknowledge I have read Athletic Advantage Privacy Notice.

Signature _____Date _____

PATIENT MEDICAL INFORMATION

NAME: _____ today's DATE: _____

REFERRING PHYSICIAN: _____

WHAT ARE YOU BEING SEEN FOR TODAY? _____

HOW DID THIS OCCUR? _____

_____

LIST ANY MEDICATION ALLERGIES OR TYPES OF REACTIONS YOU MAY HAVE.
(Allergies to band-aids, tape, heat, ice, latex, etc.)
_____
_____

Have you **recently** had any of the following: If yes, please give a brief description:
_____ X-Rays _____
_____ E.M.G. _____
_____ Surgery _____

Do have a history of any of the following:
_____ Heart Condition
_____ Pregnancy
_____ High Blood Pressure
_____ Skin Conditions
_____ Diabetes
_____ Cancer: area affected _____
_____ Pace Maker
_____ Pain Pump
_____ Spinal Cord Stimulator
_____ Other _____

Please circle the following:

Your rate of pain today: 0 1 2 3 4 5 6 7 8 9 10
No Pain Extreme Pain

Type of Pain: Constant Intermittent Shooting Dull Sharp Ache

Pain relieved by: Heat Ice Rest Medication Movement

Injury Occurrence: Sudden Chronic (over a period of time)

DIRECTIONS TO ATHLETIC ADVANTAGE

From 270:
Exit Route 23 North towards Delaware.
Turn right onto E Powell Rd (Rt 750 East) at the Nationwide Ins building.
Drive *past* the stop-light at Green Meadows Dr then immediately turn left onto Cotter St to enter the Green Meadows Commerce Center.
Stay left to pass the pond and turn right onto Carle Ave.
Drive to the end of Carle Ave (at the STOP sign) and turn right onto Whitney Drive. Our clinic is located on your left at 8849 Whitney Drive.

From 315 traveling northbound:
Exit 270 East, and follow directions above (from I-270)

From 71 traveling northbound:
Exit and turn left onto Gemini Parkway.
At the Polaris Parkway intersection, turn right.
(Polaris Pkwy will become E. Powell Road at the Old State Road intersection, continue straight)
Immediately after the RR overpass, turn right at the first street, onto Cotter Street to enter the Green Meadows Commerce Center.
Stay left to pass the pond and turn right onto Carle Ave.
Drive to the end of Carle Ave (at the STOP sign) and turn right onto Whitney Drive. Our clinic is located on your left at 8849 Whitney Drive.

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8849 Whitney Drive
Lewis Center, OH 43035
740-549-7041

ATTENTION PATIENTS AND POLICY HOLDERS:

DUE TO THE CONSTANT CHANGES IN INSURANCE POLICIES PLEASE BE AWARE THAT IT IS YOUR RESPONSIBILITY TO KNOW YOUR HEALTH INSURANCE BENEFITS ON YOUR OWN PLAN. CONTACT YOUR HEALTH INSURANCE PROVIDER PRIOR TO YOUR APOINTMENT AND CHECK YOUR PHYSICAL THERAPY BENEFITS. VERIFY THAT WE ARE A COVERED PROVIDER ON YOUR PLAN.

OUR TAX ID NUMBER IS 31-1298605.

GENERAL QUESTIONS TO ASK:

- DO YOU HAVE A CO-PAY or CO-INSURANCE LIBILITY FOR EACH VISIT?
- DO YOU HAVE A DEDUCTIBLE TO SATISFY BEFORE BENEFITS ARE AVAILABLE?
- WHAT IS THE ALLOWED NUMBER OF VISITS PER YEAR FOR YOUR PLAN?
- IS AUTHORIZATION OR REFERRALS NEEDED FOR PHYSICAL THERAPY?
- WHAT IS THE EFFECTIVE DATE OF YOUR POLICY?

FAILURE TO COMPLY MAY RESULT IN NON-PAYMENT FROM YOUR INSURANCE COMPANY AND YOU WILL THEN BE RESPONSIBLE FOR ANY UNPAID CLAIMS.

IF YOU HAVE ANY QUESTIONS WE WILL BE MOST HAPPY TO ASSIST YOU!