

HOMER PHYSICAL THERAPY, LLC

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Social Sec. No: \_\_\_\_\_ Phone-H \_\_\_\_\_ W \_\_\_\_\_ Cell \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Referring physician: \_\_\_\_\_ Family physician: \_\_\_\_\_

Type of Insurance: (circle one) / Medical Insurance / Worker=s Compensation / VA / Tri-care /  
Auto Accident / Medicare / None-self pay / other \_\_\_\_\_

Financially responsible party: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact person in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Who recommended us to you? \_\_\_\_\_

May we contact you via email? \_\_\_\_ No \_\_\_\_ Yes - Email Address: \_\_\_\_\_

**Please read and sign the following.** These are the operating procedures of Homer Physical Therapy, LLC.  
**By signing, you are stating that you have been informed of these policies and will abide by them.** Be sure to  
provide appropriate documentation for insurance coverage.

1. Homer Physical Therapy requires payment at time of service. If your deductible has not been met, it is your responsibility to pay in full until it is. If a co-pay is required, it is your responsibility to pay the co-pay at the time of service.
2. If payment at time of service is not possible due to financial hardship, arrangements need to be made in advance of service. Please speak with the office manager regarding this issue.
3. Homer Physical Therapy provides billing to primary and secondary insurance as a courtesy to our clients. Billing by HPT requires assignment of benefit from insurance providers to HPT. In accepting billing services by HPT, you agree that necessary medical and billing information will be exchanged with the insurance companies and that permission to do so is hereby granted. - Please present your insurance card(s) at your first visit.
4. Homer Physical Therapy does NOT accept assignment from any insurance company **except** Medicare, Tricare, and Veterans Administration. If the allowable amount your insurance company pays on any charge is less than the fees charged by HPT, it is your responsibility to pay the difference.
5. It is *your responsibility to know and understand any physical therapy coverage* you may have. We recommend you call your insurance provider and familiarize yourself with your policy. *HPT does not accept responsibility for gathering such information.* You are ultimately responsible for your bill.
6. Worker’s Compensation clients are NOT responsible for their bill per Alaska State Statutes.
7. Homer Physical Therapy charges \$40.00 per missed appointment without 24-hour notice.
8. Homer Physical Therapy reserves the right to prematurely discharge clients who miss more than three appointment without 24-hour notice.
9. Homer Physical Therapy charges \$25.00 for checks written with insufficient funds.

\_\_\_\_\_  
Patient/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
HPT Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

For HPT use: Checked ID: \_\_\_\_\_ State ID \_\_\_\_\_ Pers.Known \_\_\_\_\_ Other (initial one)