

New Patient Paperwork

Ginger Fitness and Rehabilitation, Inc. | 27553 Cashford Circle, Wesley
Chapel 33544



Full Name: _____

Date of Birth: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Cell: _____ Home: _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

How did you hear about us? _____

Reason for coming in: _____

Date of injury/when condition began: _____

Do you have a referral? _____ If so, please make sure staff has on file for our records.

Referring doctor: _____

Primary care physician: _____

Note: In Florida, physical therapists have direct access that allows us to see a patient for up to 30 days with no doctor on file. If treatment is required beyond 30 days, a doctor-signed plan of care is required.

Have you had PT/OT for this condition? If so when/where? _____

Have you had surgery related to this condition? If so, when? _____

Current medications (can also provide a separate list): _____

Patients with Medicare only:

Have you had any Home Health Services? If so, please verify you have been fully discharged from these services and provide date range. _____

Notice of Privacy Practices

Ginger Fitness and Rehabilitation, Inc. | 27553 Cashford Circle, Wesley Chapel 33544

This notice describes how medical information about you may be used, disclosed, and how you can get access to this information; please review it carefully.

The Health Insurance Portability & Accountability Act of 1996 (HIPPA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used.

As required by HIPPA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may disclose your health information.

We may use and disclose your medical records only for each of the following purposes – Treatment, Payment, and Healthcare Operations:

Treatment – providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include consultation, evaluation, and therapy treatment.

Payment – obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payments.

Healthcare Operations - business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example of this would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may also contact you for special occasions or events related to our company and our relationship to you.

Any other uses and disclosures will be made only with your written permission. You may revoke such permission and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your permission.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

The right to reasonable requests to receive confidential communications of protected health care information from us by alternative means or at alternative locations. The right to inspect and copy your protected health information.

The right to amend your protected health information.

The right to receive an accounting of disclosures of protected health information.

The right to receive an accounting of disclosures of protected health information.

The right to obtain and we are obligated to provide you a paper copy of this notice.

The right to provide and we are obligated to receive a written acknowledgment that you have a copy of the *Notice of Privacy Practices*.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of April 14, 2003, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from the office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice on the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information:

Ginger Fitness and Rehabilitation, Inc.,
Ginger Hoang C. Le, PT, MPH; Owner
TB Bui; Privacy Officer
27553 Cashford Circle, Wesley Chapel FL 33544 813-631-9700

For more information about HIPPA or to file a complaint

The US Department of Health and Human Services, Office of Civil Rights
200 Independent Ave, SW; Washington, DC 20201; 202-619-0257 or toll-free 877-696-6775

Acknowledgment of Receipt of Notice of Privacy Practices

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPPA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment, directly and indirectly.

Obtain payment from third-party payers.

Conduct normal healthcare operations such as quality assessment and health provider certifications.

Sending me notices regarding my care or special events relating to me or my relationship with this company.

I acknowledge that I have received your *Notice of Privacy Practices* continuing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may be contacted by this organization at the address above to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment, or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Patient Name: _____

Relationship to Patient: _____

Signature: _____

Date: _____

Office Use Only

I attempted to obtain the patient's signature in acknowledgment of this *Notice of Privacy Practices Acknowledgment* but was unable to do so as documented below.

Date:

Initials:

Reason:

Ginger Health Policies

Ginger Fitness and Rehabilitation, Inc. | 27553 Cashford Circle, Wesley Chapel 33544

1. Therapy Benefits

We verify insurance coverage, pre-certification, authorizations, and limitations of visits. These benefits will be explained prior to the initial visit.

- a. It is the patient's responsibility to notify our clinic coordinator as soon as possible with any changes to insurance coverage. Please let the office know at least 2 days prior to next appointment.
- b. Some insurance policies require a prior authorization for therapy services. If your insurance company denies a claim due to termination of coverage/no authorization you understand and agree to pay for the denied bill in full.

2. Specialized Services: Self Pay

Pain management using our laser or Hivamat equipment. We offer discounted package rates for these services.

3. Diagnostic Testing: Self Pay/Insurance Benefit

- a. Ultrasound
- b. Nerve Conduction Study with EMG testing

Our billing department can verify benefits with your insurance company to see if a procedure is a covered and payable procedure to Ginger Health. Several insurance companies do not cover these procedures. The few companies that pay offer a very low reimbursement amount so we will not contract for these specific procedures.

4. Supplies/DME

Ask our staff about our custom-made compression stockings, green oils, therabands, and other supplies for sale at our locations.

Explanation of Insurance Benefits

1. Commercial Insurance

Commercial insurance is a contract between you and your insurance company. *We are not a party to this contract* in most cases. We will inform you if we are contracted providers for your insurance and we will file your claims according to our agreement with the insurance company. You are responsible for the timely payments on your account. Any charge your insurance does not cover is your responsibility.

By law, your insurance company has 45 days to pay your charges. If your insurance company has not paid the *full balance* within 45 days, you have 15 additional days to pay the balance.

Late payments charges [%] are added to unpaid accounts after 60 days from the date of service. If your insurance company pays more than the balance due, we will send you a refund check immediately.

No Surprises Act

"The "No Surprises" requirements are effective as of January 1, 2022, and protect uninsured (or self-pay) consumers from many unexpected high medical bills. If a consumer doesn't have health insurance, or doesn't plan to use that insurance to pay for health care items or services, they must be given a "good faith estimate" of what they may be charged, before they get the item or service. Once an uninsured (or self-pay) consumer schedules an item or service...with a health care provider or health care facility, that provider or facility must give them a good faith estimate of the amount it expects to charge for that item or service. A provider or facility must also give this good faith estimate when a consumer requests it (regardless of if they schedule the item or service).

A patient-provider dispute resolution process is now available for uninsured (or self-pay) consumers who get a bill from a provider that's at least \$400 more than the expected charges on the good faith estimate. Under the patient-provider dispute resolution process, an uninsured (or self-pay) consumer, or their authorized representative, may initiate the dispute process. This process brings in an independent third-party called a dispute resolution entity to determine the appropriate amount the consumer must pay." (Ref. www.cms.gov)

2. Workers Compensation Coverage

Ginger Health agrees to treat and bill worker's compensation for pre-authorized work-related injuries per the Worker's Compensation Guidelines for the State of Florida. However, if for any reason Worker's Compensation denies liability for the treatment of the injury, you are responsible for full payment of the charges. Worker's Compensation must give Ginger Health written authorization.

3. Medicaid/Medicaid MMA/Medicaid Waivers/Champus

If you are covered by Medicaid, Champus, or any other government sponsored program, please discuss your payment situation with our billing manager prior to treatment being provided.

4. Medicare

Explanation of Medicare benefits

Medicare deductibles and allowances change yearly. It is important for you to know your yearly benefits. Medicare has a monetary limit for Physical Therapy [PT] and Speech Therapy [ST] services combined. An Occupational Therapy [OT] service has the same monetary limit but is separate.

Note: These financial limitations are per year not per episode. The limits are calculated per calendar year [January – December].

Accepting Medicare assignment means that the provider of services agrees to accept the "allowable charges" as determined by Medicare. This means the provider will adjust the overage amount. Medicare only pays 80% of the allowable charge after the yearly deductible has been satisfied. Therefore, you are responsible for any amounts applied toward your annual part B deductible, any non-covered charges and the 20% co-insurance balance. If you have secondary insurance, depending on your contract, you may still be responsible for part of the deductible and/or 20% co-insurance.

Specialized Services

Ginger Health offers specialized procedures for pain management, diagnostic procedures, Hivamat, Laser, and Driving. Medicare may not cover these procedures. You may receive the services with a signed ABN form required by Medicare explaining the service and you selecting your options. We offer discounted rates with prepaid packages.

Important: Patients on Medicare A/B or a Medicare replacement plan are responsible to notify us *immediately* if admitted into the hospital, have surgery, or have Home Health services [nurses and/or therapy services in your home] while you are having therapy at our clinics. Medicare will not pay for outpatient services when a patient is admitted to Home Health [HH].

Benefits are verified prior to starting services. In the event you are in a HH care episode prior to starting outpatient, we postpone starting outpatient services until you are fully discharged from the episode. HH Agencies will not notify us when services start or end.

If you are hospitalized, had a procedure, etc. that requires nurse care/therapy services in your home, Medicare will not pay for your outpatient services when there is another provider. In cases as this, you will be financially

responsible for 100% payment of the Medicare allowed charges. *The HH Company will have to completely discharge the episode with Medicare before resuming outpatient services.*

Financial Policy

1. Payments

Payments must be paid *prior* to being seen. Payment collected before each appointment: co-payment, co-insurance (%), deductible, and private pay.

- a. **Payment Method:** We currently accept credit cards only (Visa, Mastercard, American Express, Discover). We can save your card information in a secure HIPPA file allowing us to automatically bill for your visit or balances due. Note: Your credit card/bank statement will display charges for Ginger Fitness and Rehabilitation, Inc. This is the parent company for Ginger Health and Grace Adaptive Driving.
- b. **Care Credit:** We offer Care Credit for qualifying individuals. A credit check determines credit approval, dollar limit amount and % for unpaid balance. Please see the front desk for more information.
- c. **Non-Sufficient Funds [NSF fee]:** If your payment is returned for non-sufficient funds, Ginger Health will assess a \$50 Fee in addition to your payment.

2. Consent to Treat and Authorization to Release Information for Claims Processing

Consent for our Services and Acknowledgment of Payment Policy

The undersigned hereby authorizes Ginger Fitness and Rehabilitation Inc., dba Ginger Health, dba Grace Adaptive Driving, the therapist[s], CDRS, DRS, CDI assigned and whomever he/she may designate as his/her assistant(s), to provide services as may be dictated by prudent medical practice of my illness, injury or condition. This consent is intended as a waiver of liability for such treatment excepting acts of negligence. I also certify that no guarantee or assurance has been made to the results that may be obtained.

I understand and agree that health and accident insurance policies are an arrangement between insurance carrier and me. Furthermore, I understand that Ginger Fitness and Rehabilitation, Inc. will prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to Ginger Fitness and Rehabilitation, Inc. will be credited to my account upon receipt. I permit Ginger Fitness and Rehabilitation, Inc. to endorse remittances for the conveyance of credit to my account.

However, I clearly understand and agree that all services provided are charged directly to me and that I am personally responsible for payment.

The Undersigned, further agrees that should interest be levied against this account in accordance with office policies, I will be responsible for that interest in the amount of 1% per month on the unpaid balance (equal to 12.68% per year). Should collection action in any form become necessary, the undersigned shall be responsible for all collection costs including but not limited to collection agency fees, attorney fees, and any court costs.

Authorization to Release Information

I authorize the release of any medical information necessary to process my insurance claim(s) and also certify that all insurance information given to the clinic is correct and complete. I hereby expressly authorize Ginger Fitness and Rehabilitation, Inc., to disclose such information to my insurance company or its authorized representatives and my attorney and his/her agents.

I certify that the information given by me in applying for payment under the TITLE XVII of the Social Security Act is correct. I authorize Ginger Fitness and Rehabilitation, Inc., to release information regarding my health care

to the Social Security Administration, its intermediaries, or any other insurance carrier, or my attorney for this or a related claim.

I expressly and knowingly release Ginger Fitness and Rehabilitation, Inc., from any and all claims, causes of action or duties, known or unknown, which exist or may exist, that arise from or are in any way related to Ginger Fitness and Rehabilitation, Inc., disclosure of any information concerning my injuries and/or rehabilitation. I understand and acknowledge that this release is perpetual.

Authorization of Payment

I authorize payment from my Medicare B and/or my Supplemental Plan/Commercial/ACA/Federal or State Funded Programs/Government/Workcomp/Private Insurance to submit payment by direct deposit or by check. Correspondence with payments will be addressed and mailed to Ginger Fitness and Rehabilitation, Inc., 27553 Cashford Circle., Suite 101, Wesley Chapel, FL 33544-6911, for the professional or medical expense benefits allowable, which otherwise would be payable to me under my current insurance policy as payment towards the total charges incurred for the professional services rendered.

This is a direct assignment of my rights and benefits under this policy. This payment is not to exceed my indebtedness to the above-mentioned assignee, and I have agreed to pay any balance of the said professional service over and above this insurance payment.

In the event that my Insurance Company pays me for the services provided and billed by Ginger Fitness and Rehabilitation Inc. [GFR] dba Ginger Health, dba Grace Adaptive Driving. I agree and am fully responsible for signing the check over to GFR or issuing cash payment within 3 days of receiving the insurance payment. The payment does not remove my responsibility for any balance due assigned by my insurance carrier for deductibles, coinsurance, copay, non-approved, non-covered services, or termination of my benefits.

3. Appointment Expectations and Missed Visit Policy

Please check the boxes to acknowledge each statement.

- ☐ **Are you in pain?** We encourage you to keep your appointment. Please refrain from canceling because pain management is our specialty, and we are here to help minimize your pain levels. If you are not on the schedule, please call our clinic and we will try our best to get you in.
- ☐ **Arrival for Appointment:** We ask that patients arrive 15 minutes early to allow check-in processes as coming in late may reduce your scheduled session time.
- ☐ **Cell Phone Policy:** We are committed to providing you and others with the best care possible. To do this, we ask that you turn your phone off or place it in silent mode to minimize distractions during a therapy session.
- ☐ **No Guests Allowed:** Ginger Health does not allow family members, attorneys, case managers, friends, or other guests in the treatment area during a session. Our liability insurance does will not cover anyone that is not a patient/client. Additionally, no photos or videos are permitted.
- ☐ **Pediatric Therapy:** Parents and Caregivers—you must remain in the clinic at any time during your child's therapy session. We ask that you remain in the lobby during the full therapy session in the event of an emergency or other circumstances.
- ☐ **Missed Visit Policy:** We recommend prioritizing your recovery and scheduling other appointments around your therapy appointment. We do our best to schedule you for the same days/times for the duration of your recommended treatment plan.
- ☐ **Appointment Reminders/Cancellation:** Ginger Health sends an appointment reminder the day prior. Please **confirm** your appointment. If you are not able to keep your scheduled time, please call or text us to cancel your therapy appointment no less than 24 business hours in advance. This allows us to reschedule you or schedule other patients on our waiting list.
- ☐ **Late Cancellation/No Show:** If you cancel after 24 business hours or no show, you will be assessed a \$40 missed visit fee that must be paid before your next therapy treatment.

Signature _____

Date _____