1. Welcome back to True Sports Physical Therapy! We are excited that you have decide to return to us for your rehabilitation needs. If you are returning with a new injury or if it has been more than 6 months since your last visit, it is mandatory that your complete this quick questionnaire. Please note when you return to the clinic, your Physical Therapist may ask that your complete additional forms related to your injury. Thank you in advance for your cooperation.

First Name:	Last Name:	Date of Birth:	Sex at Birth:
Michael	Horn	11/27/1998 (age 25)	☑ Male

Street Address:	Apt./Unit #:	City:	State:	Zip Code:
1 Celtis Court		Fork	MD	21051

Mobile Phone:	Alternate Phone:	Email:
(443) 619-1350		mjhorn24@gmail.com

Emergency Contact Name:	Emergency Contact Number:
James Horn	

2. Insurance Carrier :
   Aetna

ID# (including any letters)	Group Number# (Including any letters)
W2853 54497	175311-016-00004

Insurance Address (found on back of card):	Insurance Phone Number (found on back of card):

3. Please list which body part (s) needs skilled rehabilitative services.

   Lower Back

4. Have you had any changes to your medical history?

   ○ Yes
   ◉ No

5. Please list any medications you are currently taking. Include the frequency and dosage,

   Valoric Acid twice Daily

Michael J Horn

*Signed by Michael Horn on Aug 05, 2024 at 10:50 AM from IP 71.179.174.****

Patient Responsibility/ Financial Policy

Please read below and sign acknowledging that you have received this notice and agree to adhere to the following policies.

Consent for Care & Treatment: I hereby agree and give my consent to True Sports Physical Therapy , LLC to provide outpatient physical therapy services considered reasonable and medically necessary in diagnosing and/or treating my physical condition and/ or injury.

High Performance And Wellness Fee: A fee of **$15.00** will be charged per visit as a high performance fee, which supports the provision of high-quality services. Putting in place a High Performance and Wellness Fee (HPF) will allow True Sports to continue to offer services above and beyond standard PT as we've done for almost 10 years now. Sessions continue to be 1:1 without the use of techs and time killing passive modalities. We will continue to be housed in outstanding performance facilities and provide services that are standardly uncovered by insurance.

MJH ✔

Financial Policy: True Sports Physical Therapy LLC, does not accept responsibility for any incorrect information provided by you or your insurance carrier during insurance verification. As a courtesy we will verify your coverage and estimate your out of pocket cost prior to the initial visit. Your insurance is a contract between you and the insurance company. Not all services and diagnosis codes are covered. We will not compromise patient care based on an insurance companies "fee schedule." Verification of benefits is not a guarantee that all services will be covered. You are financially responsible for all copays, coinsurance, deductibles, or "self pay" estimated amounts at the time services are rendered. If for any reason your insurance does not pay for the services provided, the patient shall assume full responsibility for the total amount owed. You will receive paperless billing statements for any outstanding balances not collected in the office. Any outstanding balances not paid after four statements may be turned over to a debt collection agency. Additionally we reserve the right to not schedule, render services, or discharge any patient with unpaid balances.

MJH ✔

Medical Necessity Review: This policy serves as a written acknowledgment between the patient and/ or policy holder signed below and True Sports Physical Therapy, LLC. Our practice will submit claims, clinical notes, physician referrals, and any additional information to your insurance on your behalf. In the event that the medical claims deny based please be advised that the patient and/ or guarantor assumes full responsibility and will be billed per our practice Financial Policies. Any visits not covered by your insurance will be billed $117.00/ per date of service. Patients/ policy holders are highly encouraged to contact their insurance company directly and inquire about the medical necessity review requirements for skilled Physical Therapy services.Your signature below acknowledges you have been informed that you are financially responsible if your insurance does not cover any skilled rehab services performed at True Sports Physical Therapy LLC. You understand that you are responsible for payment of my claims directly to the provider. Additionally, you are aware this policy doesn't void the True Sports Physical Therapy LLC Patient/ Financial Responsibility Agreement.

MJH ✔

No Show/Cancellation Policy: Due to the popularity of our practice we cannot guarantee that we will be able to reschedule you to keep you compliant with your plan of care, but we will make every effort. In an instance of cancellation or no-show, without 24 hours notice, we reserve the right to charge you a **$50.00 fee.** In instances of repeated noncompliance with your scheduled visits, we also reserve the right to discontinue care. We understand that unavoidable circumstances sometimes occur and you may not be able to cancel within 24 hours; fees in this instance may be waived at the discretion of management. MJH ✔

Payment Methods/Credit Card Authorization: We accept Checks or Cards ONLY. Returned checks or declined transactions may result in a $40.00 service charge. We require a card on file as a guarantee of payment for any balance after insurance processing. Copays/ coinsurance/ deductibles, etc will always be collected at the time services are rendered. Please be advised that stored credit card information is in compliance with all federal and consumer rules protecting and regulating the storage and use of this information (PCI SSC). Your signature below authorizes True Sports Physical Therapy, LLC to charge your credit card for any patient responsibility. If you wish to update the card, please notify the staff and complete a separate authorization form. Our billing company Medical Claims Solutions will send a paperless billing statement and receipt for all transactions. MJH ✔

Auto Accident/Workers Comp: It is your responsibility to notify us your injury is related to an auto accident or worker's compensation. Any charges not covered by the Auto/ Workers Compensation carrier, will be billed to the patient. If a patient has instructed their insurance company to send payments to their attorney, the patient will be billed and held solely responsible for the bill. We do not bill attorneys. You hereby authorize payment directly to True Sports Physical Therapy, LLC for services rendered as described on the paper/ computer bill. This authority shall supersede all prior subsequent instructions to the third party payor by the undersigned or his/her legal representatives.

MJH ✔

Credit Card Authorization

True Sports Physical Therapy, LLC requires all patients to keep a debit/ credit card/HSA/FSA on file as a guarantee of payment. We have enlisted Perform Practice Solutions to process all medical / billing claims and credit card processing. Paperless billing statements and receipts will be sent electronically to the primary email address and/ or telephone number we have on file for you. In addition to paperless statements, enrolling in the payment portal may include the convenience of secure mobile and online payments. Our dedicated billing specialists can be reached at **775-255-4147** or by emailing **Questions@PerformPT.net** for additional assistance .This policy authorizes us to charge the card listed below for any patient responsible balances including copays, deductibles, coinsurances, medical record fees, and/ or no-show or late cancellation fees.

Please be assured your debit/credit card information will be kept in compliance with all federal and consumer rules protecting and regulating storage and use of this information (PCI SSC). We appreciate your cooperation in complying with our policy. By signing below, you acknowledge a True Sports Physical Therapy, LLC employee has reviewed your Benefit Estimate and Patient Responsibility/ Financial Policy with you, and has permission to securely store a credit card on file and charge as deemed appropriate.

I have read the above policies and certify that i understand and will abide by the above policies set forth by True Sports Physical Therapy, LLC.

Name of Patient: Michael Horn

Name of Cardholder: James M Horn

Card Number 451679028257

Expiration Date 12/26

Security Code 385

Billing Zip Code 21051

Email Address for Receipts mjhorn24@gmail.com

Client Signature

Aug 05, 2024

Michael J Horn

*Signed by Michael Horn on Aug 05, 2024 at 10:55 AM from IP 71.179.174.****