

Muscle & Spine Rehabilitation Center, LLC

Patient Intake / Registration Sheet

Patient Name:	_____	Date of Birth:	_____
Address:	_____	Home Phone:	_____
	_____	Cell Phone:	_____
Sex: M F	Marital Status: _____	Social Security # of Patient:	_____
In Case of emergency (contact name, phone #) _____			
Name and Social Security # of person who carries insurance: _____			
Employer:	_____	Email:	_____

Message Consent / Authorization to speak with family members listed below

I give consent to leave a message at home.	_____	YES	_____	NO
I give consent to leave a message at my work place.	_____	YES	_____	NO
Name:	_____	Relationship:	_____	
Name:	_____	Relationship:	_____	
Parent Signature:	_____	Date:	_____	

MSRC Information

PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) and the Affordable Care Act of 2010 (ACA), protect your health information. To make sure that your information is protected in a way that does not interfere with your health care, your information can be used and shared (1) for your treatment and care coordination; (2) to collect payments from your insurance company; (3) and with your family who are involved with your health care or your health care bills, unless you object. Muscle & Spine Rehabilitation Center complies with HIPAA and the Privacy Notice and ACA. For more information about HIPAA, visit www.hhs.gov/ocr/privacy/hipaa, or call 1-877-696-6775.

INSURANCE INFORMATION

It is important that you know your insurance coverage for physical therapy services. Insurance policies differ greatly, and we are unable to provide this level of detail. Please read your policy carefully or contact your insurance representative.

Rehabilitation costs vary by diagnosis and treatment. Your therapist can provide estimated costs and comparative information. Payment for services is your responsibility. We will bill your insurance company whenever possible, and any co-pays, deductibles, and other amounts not covered by your insurance will be your responsibility per your contact with your insurance company.

Patient billing will typically be performed on a daily basis to ensure that payments are correctly allocated to the appropriate time period. If you have questions on billing, please call (269) 979-3000.

APPOINTMENTS

The appointment scheduler will give you an appointment itinerary following your first visit. Muscle & Spine Rehabilitation Center offers extended hours of operation, and every effort will be made to provide a convenient appointment time. Appointments last approximately 45 minutes to 1 hour. Wear or bring clothes that are comfortable to move in. **Please be on time for your appointment. Failure to arrive on time for your appointment may result in rescheduling your appointment and a rescheduling fee may apply.**

Please keep your appointments. If you must cancel, please provide 24 hour notice. **MSRC reserves the right to charge a \$40.00 fee for a no show and any cancellation not received within the 24 hour notice. MSRC also reserves the right to cancel all future scheduled appointments due to missed appointments.** In the event of a same day emergency, please call to let us know. If you need to cancel or reschedule an appointment, please call (269) 979-3000.

If you are scheduled for a Functional Capacity Evaluation (FCE) MSRC reserves the right to charge a **\$50.00 per hour fee for a no show and any cancellation not received 48 hours in advance of the scheduled FCE.**

Please understand that in compliance with Michigan statute, if you would like a copy of your medical records, you will pay a fee of **\$20.00**. There is no charge for medical records if copies are sent directly to facilities for ongoing care or follow up treatment.

You are an active participant in your rehabilitation, so communication is important. Please ask questions, or tell us about your concerns.

Patients Signature: _____	Date: _____
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