

MAINELY KIDZ PT, Inc.
895 Portland Rd, Saco ME 04072
(207) 439-5104
mainelykidzpt@comcast.net
www.mainelykidzpt.com

Client Information Sheet

Today's Date _____

Client Name: _____ Male/Female _____ DOB: _____
First, MI, Last (Please circle) Month/Day/Year

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Work: _____ Home Phone: _____ Work: _____
Cell Phone: _____ Cell Phone: _____

Email Address: _____ Is it alright to contact you at the email address provided? **Y N**
(please circle)

Employer: _____ Employer: _____

Client's physician: _____ Physician Phone/Fax: _____
Physician Practice Name: _____

Emergency Contact: _____ Phone Number: _____

Primary Insurance Information

Secondary Insurance Information

Policyholder's Name: _____ Policyholder's Name: _____

Insurance Carrier: _____ Insurance Carrier: _____

Certificate ID#: _____ Certificate ID#: _____

Group #: _____ Group #: _____

Insurance Phone: _____ Insurance Phone: _____

Mainecare #: _____ Is this managed, or Primecare? Yes ___ No ___ Don't know ___

Referred By (check one): CDS ___ PCP ___ Other: _____

CDS County: _____ Child and Family Specialist: _____

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Cancellation Policy

Effective: January 7, 2011

In an effort to provide PT/OT/ST services to all of our clients in a timely manner Mainely Kidz PT, Inc. requires a 24-hour notice for all cancellations, **including illness or scheduling conflicts**. Although it is unlikely that cancelled visits will be able to be rescheduled in the same week, the office will do its best to reschedule cancellations whenever possible.

If client/client family fails to cancel **and does not show up for a scheduled appointment**, you will need to contact us to schedule your next appointment as **your appointment slot (including weekly slots) will not be held** and will be filled with another client. It is your responsibility to call this office with 24 hour notice to cancel any appointments. **If the cancellation does not occur 24 hours prior to the scheduled appointment, the visit will be considered a no show**. A \$25 fee will be charged for any/all appointments that are not cancelled within the 24 hour timeframe.

To cancel an appointment, please call **(207) 439-5104**, if you are unable to speak with a staff member, kindly leave a message that you are canceling the appointment along with the client's name and pertinent information. We appreciate your attention to this cancellation policy. In an attempt to provide the best possible care to our clients Mainely Kidz PT, Inc. will be strictly enforcing this policy. If you have any questions, please feel free to discuss them with a member of our staff.

By signing below you are acknowledging that you have read and understand this cancellation policy. We thank you for your attention and compliance with this policy.

Print Name

Signature

Date

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ASSIGNMENT OF BENEFITS

Date: _____

Client Name: _____ DOB: _____

Parent(s) Name: _____

I _____ understand that my insurance company will be sent an itemized bill for each session in accordance to reasonable and customary charges. I agree to assign benefits directly to Mainely Kidz PT for all therapy services rendered. I also agree to remit any monies sent to me in error from my insurance company for services rendered to Mainely Kidz PT. I agree to pay for all services rendered, should my insurance company deny payment for services rendered and will be responsible for any deductible, co-insurance or co-payment to be paid at the time of my visit. **I am also responsible to inform Mainely Kidz PT about any changes in insurance coverage immediately.** If Mainely Kidz has submitted a clean claim but the insurance company has denied payment or Mainely Kidz does not receive payment within 30 days of when the claim is processed, the family will become responsible and payment will need to be collected at the next visit or services will be placed on hold until the payment issue is resolved.

For patients who pay privately or have out-of-network benefits, payments are due at the time of your visit. If requested, we will assist you in submitting claims to your insurance company.

Copay amount: \$ _____

Client or Parent/Guardian Signature if Client is under 18 years of age

Printed Name

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PRIVACY STATEMENT

This notice describes how medical information about you, the client, maybe used or disclosed by Mainely Kidz PT and how you can get access to information. Please review it carefully.

LEGAL DUTY Mainely Kidz PT is required by law to protect the privacy of your personal health information, provide this notice about information practices and follow the information practices that are described here.

USES AND DISCLOSES OF HEALTH INFORMATION Mainely Kidz PT uses your health information primarily for treatment, obtaining payment for treatment, conducting internal administrative activities and evaluating the quality of care provided. Mainely Kidz PT may also use or disclose your personal health information for public health purposes, audits, emergencies or when required by law.

In any other situation, the policy is to obtain written authorization before disclosing your personal health information. If you provide a written authorization to release information for any reason, you may revoke that authorization to stop future disclosures at any time.

Policies may change at any time. When changes are made a new notice will be posted in the clinic and you will receive a new written notice as well.

CLIENT'S INDIVIDUAL RIGHTS You have the right to review or obtain a copy of your personal health information or your child's at any time. You have the right to request a list of instances where information has been disclosed for reasons other than treatment, payment or other related administrative purposes.

You may also request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. All such requests will be considered on a case by case basis, but Mainely Kidz PT is not legally required to accept them.

CONCERNS AND COMPLAINTS If you are concerned that your privacy rights may have been violated or if you disagree with any decisions made regarding access or disclosure of your personal health information, please contact Jen Corbeil at the address listed above. You may also send a written complaint to the U.S. Department of Health and Human Services.

June 2009

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CONSENT FORM REGARDING PRIVACY STATEMENT

I have read and understand the Privacy Statement. I understand that the client's personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services and any administrative operations related to treatment or payment may be used or disclosed. I understand that I have the right to restrict how this personal health information is used and disclosed for treatment, payment and administrative operations if I notify Mainely Kidz PT. I also understand that Mainely Kidz PT will consider all requests on a case by case basis, but does not have to agree to requests for restrictions.

I hereby consent to the use and disclosure of the client's health information for purposes noted in Mainely Kidz PT Privacy Statement. In doing so, I hereby release Mainely Kidz PT, from any and all legal liability that may arise from the release of such information. I agree that a copy of this authorization may be used in place of the original.

I understand that I retain the right to revoke this consent by notifying Mainely Kidz PT in writing at any time except for that action which has already been taken. It shall be effective only long enough to answer the purpose of which it is given and no further confidential information will be released without the execution of an additional written authorization.

Client and Parent/Guardian's Printed Name if Patient is Under 18 years of age

Signature

Date

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Scheduling Information

Patient Name: _____ **Date:** _____

Please provide the following information to assist MKPT in the scheduling process.

Please note your availability for scheduling on the following chart:

Day	Check	Time(s)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Please note any day(s) of the week that you are NOT available on the following chart:

Day	Check
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Mainely Kidz PT will do its best to schedule visits based on the availability that you have provided. However, this may not always be possible. We appreciate your assistance in providing this information and we look forward to working with you.