



# PEAK PHYSICAL THERAPY, P.C.

260 North St. • Newburgh, NY 12550 • (845) 565-5054 • Fax (845) 565-4071

www.peakpt.com

## APPOINTMENT POLICY

IN ORDER TO RECEIVE MAXIMUM BENEFIT FROM REHABILITATION PROGRAM, IT IS OF UTMOST IMPORTANCE THAT YOU ATTEND YOUR THERAPY APPOINTMENTS AND FOLLOW HOME INSTRUCTION. WE REQUIRE THAT IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT THAT YOU NOTIFY US 24 HOURS PRIOR TO YOUR SCHEDULED APPOINTMENT. PLEASE BE ON TIME FOR YOUR APPOINTMENTS SO THAT YOU MAY BE GIVEN THE FULL BENEFIT OF YOUR SCHEDULED TREATMENT. LATE ARRIVAL OF MORE THAN 15 MINUTES MAY RESULT IN A SHORTENED TREATMENT OR NECESSITATE RESCHEDULING. **PATIENT WILL BE PLACED ON "CALL-IN-BASIS" IF NOT CONSISTENT WITH APPOINTMENT ATTENDANCE. YOU WILL BE CHARGED FOR APPOINTMENTS NOT CANCELLED WITHIN 24 HOURS OF APPOINTMENT TIME.**

## NOTICE OF PRIVACY PRACTICES

### PATIENT ACKNOWLEDGMENT OF RECEIPT OF NOTICE

THIS IS TO ACKNOWLEDGE THAT I HAVE HAD ACCESS TO PEAK PHYSICAL THERAPY'S NOTICE OF PRIVACY PRACTICES. SHOULD I HAVE QUESTIONS REGARDING THIS NOTICE I CAN CALL THE PRACTICE AT (845)565-5054.

**PLEASE LIST ANY PERSONS OTHER THAN MEDICAL PROFESSIONALS WHOM YOU WISH TO SHARE YOUR PERSONAL PHYSICAL THERAPY INFORMATION WITH:**

NAME

RELATIONSHIP

_____	_____
_____	_____
_____	_____

I UNDERSTAND THAT I HAVE THE RIGHT TO REVOKE THIS AUTHORIZATION, IN WRITING, AT ANY TIME BY SENDING WRITTEN NOTIFICATION TO PEAK PHYSICAL THERAPY AT 260 NORTH STREET, NEWBURGH, NY 12550. I UNDERSTAND THAT A REVOCATION IS NOT EFFECTIVE TO THE EXTENT THAT PEAK PHYSICAL THERAPY HAS RELIED ON THE USE OR DISCLOSURE OF THE PROTECTED HEALTH INFORMATION. I UNDERSTAND THAT INFORMATION USED OR DISCLOSED PURSUANT TO THIS AUTHORIZATION MAY BE SUBJECT TO DISCLOSURE BY THE RECIPIENT AND MAY NO LONGER BE PROTECTED BY FEDERAL OR STATE LAW. I UNDERSTAND THAT I HAVE THE RIGHT TO INSPECT OR COPY THE HEALTH INFORMATION TO BE USED OR DISCLOSED AS PERMITTED UNDER THE FEDEARL (OR STATE) LAW TO THE EXTENT THAT THE LAW PROVIDES GREATER ACCESS RIGHTS AND OR REFUSE TO SIGN THIS AUTHORIZATION. PEAK PHYSICAL THERAPY, P.C. WILL NOT CONDITION MY TREATMENT OR PAYMENT ON WHETHER I PROVIDE AUTHORIZATION FOR THE REQUEST OR DISCLOSURE.

## WORKMAN'S COMPENSATION AND NO FAULT PATIENTS

I UNDERSTAND THAT I AM **NOT ALLOWED** TO ATTEND ANOTHER FACILITY FOR PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY, AND MASSAGE THERAPY, OR CHIROPRACTOR ON THE SAME DAY OF MY TREATMENT AT PEAK PHYSICAL THERAPY. I UNDERSTAND **I WILL BE RESPONSIBLE FOR THE CHARGES IF NOT COVERED** BY MY INSURANCE FOR THE REASONS STATED ABOVE.

## MEDICARE PATIENTS AND HOME HEALTH CARE

I AM **NOT** CURRENTLY HAVING ANY HOME HEALTH SERVICES AT THIS TIME, INCLUDING NURSING, ETC. IF I AM HAVING HOME HEALTH SERVICES AT THE SAME TIME AS OUTPATIENT PHYSICAL THERAPY, MY THERAPY WILL NOT BE COVERED BY MEDICARE AND **I WILL BE RESPONSIBLE FOR THE CHARGES.**

\*\*\*MEDICARE MAXIMUM ANNUAL CHARGES FOR 2021 - \$2,110\*\*\*

**I HERBY AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS MY CLAIM AND AUTHORIZE MY INSURANCE COMPANY TO PAY PEAK PHYSICAL THERAPY, P.C. DIRECTLY FOR SERVICES RENDERED.**

PATIENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(GUARDIAN IF PATIENT IS UNDER 18 YEARS OF AGE)

*"The Science of Healing, the Art of Caring"*