

## Sagewood Physical Therapy North

Jennifer Anderson PT MS  
3180 Harlan Street, Wheat Ridge, CO 80214  
Office: 720-635-9868 Fax: 303-253-1706  
www.sagewoodpt.com

### Physical Therapy Intake Document

Patient Name: \_\_\_\_\_ Date \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Credit Card Number to keep on File: \_\_\_\_\_

Emergency Contact Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient's Date of Birth \_\_\_\_\_ Social Security # (last four digits): \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Phone Number \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Onset \_\_\_\_\_

Cause of Pain \_\_\_\_\_

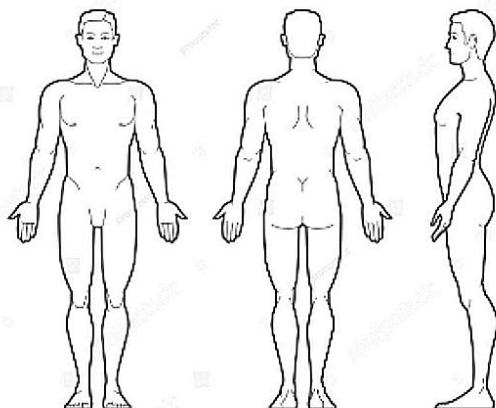
#### Insurance Information:

We verify your insurance benefits. However, it is the patient's responsibility to know their physical therapy benefits and their insurance coverage. Insurance Carrier: \_\_\_\_\_

ID: \_\_\_\_\_ Group Number: \_\_\_\_\_

**If this is a work comp injury** provide the following:

Employer Name: \_\_\_\_\_ Employer Phone \_\_\_\_\_



**Please use the diagram below to indicate where you feel symptoms at this time.**

**For pain (marked X)**

**Pain Scale (0-10)**

**Average**

**Worst**

**Least**

**For numb areas mark O**

Medical History \_\_\_\_\_

Current Medication: \_\_\_\_\_:

How did you hear about us? \_\_\_\_\_

## PATIENT AGREEMENT & DISCLOSURE INFORMATION

The following is the financial policy and disclosure information of Sagewood Physical Therapy North, LLC which we request that you read and sign prior to treatment.

### 1. Patient's Financial Responsibility:

The patient is financially responsible for payment of services rendered by Sagewood Physical Therapy North. Accepted forms of payment are cash, check, electronic transfers, debit, or credit cards. Payment not made at the time of service is considered past due when the patient leaves the facility.

### 2. Insurance Coverage:

Patients with health insurance are responsible for paying the full amount for all services, unless the practice has an agreement with the patient's insurance carrier to accept direct billing. The practice will file primary and secondary insurance for coverage and billing of claims, but patients are responsible for copayments, deductibles, and uncovered amounts.

### 3. Missed Appointments:

There is a 30.00 charge for all missed appointments unless you call the office 24 hours prior to the appointment. Exceptions can be made at the provider's discretion. Insurance carriers will not pay for missed appointments.

### 4. Workplace or Auto Injuries:

If the services are due to an injury and are for litigation, please provide the following information:

Name of Law Firm:

---

Name of Attorney:

---

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

### 5. Consent to Treatment and Release of Information:

You will also need to know that Sagewood Physical Therapy has contracted with Western Billing Services for insurance and patient billing. It is necessary to provide this billing service with certain information in order to file claims. Western Billing Services and Sagewood PT are HIPPA compliant and will adhere to Client Confidentiality as outlined in the Notice of Privacy Practices.

**PATIENT AGREEMENT:** I have read and understand the financial policy and disclosure information and agree to the terms stated in this document. I also authorize consent to Physical Therapy treatment.

---

Patient or Legal Guardian's Signature

---

Patient's Printed Name

---

Date

---

Patient's Date of Birth: