



**Quinn Orthopedic Physical Therapy**  
20823 Stevens Creek Blvd. Suite 200  
Cupertino, CA 95014  
Phone: (408) 252-6076  
Fax: (408) 252-1159

**Onsite at Apple, Inc.**  
Cupertino Fitness Center  
10627 Bandlely Drive  
Cupertino, CA 95014  
Phone: (408) 252-6076

**Quinn Downtown Physical Therapy**  
196 North 3rd Street  
San Jose, CA 95112  
Phone: (408) 947-8466  
Fax: (408) 947-8460

## Welcome to Quinn Orthopedic Physical Therapy

We take pride in the quality of our patient treatments and services, and we hope that you will find your time with us both helpful and enjoyable.

We believe the best service is based on friendly mutual understanding between therapist and patient. In order to achieve that, we need to explain some of our policies before beginning treatment, so that there are no misunderstandings about payment for services.

You, the patient, are ultimately responsible for payment of your account. As a courtesy, we will bill your insurance company on your behalf. We submit insurance claims either by paper or electronically every business day. You will be responsible for paying any deductible and/or co-payment due at time of service. We accept payment by cash, check or credit card (VISA, MasterCard, American Express and Discover). We will send you a monthly statement detailing billing and payment activity on your account.

If you prefer, you can pay our office directly and in full at time of service, and we can provide you with a "superbill" to submit to your insurance company for reimbursement.

For patients without insurance or electing to pay out of pocket rather than bill their insurance, we offer a "cash rate" which is a discount of 15% off of our standard fee schedule. This alternative typically amounts to a cost of approximately \$161 for evaluation visits and \$120 for standard visits. Payment at "cash rate" is due at time of service with no exceptions.

In the event that you need to cancel a scheduled appointment, we ask for the courtesy of 24-hours notice so that we can offer the appointment to patients waiting on our standby list. If you fail to give 24-hours notice of a cancellation, we reserve the right to charge a \$50 missed-appointment fee.

**I have read this statement of Quinn Orthopedic Physical Therapy billing policy, and I understand and agree to my responsibility for payment for my physical therapy treatment.**

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Signature

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## Patient registration

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Marital Status \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Referring Physician(s) \_\_\_\_\_

How did you choose Quinn Orthopedic? \_\_\_\_\_

Did any Internet website influence your choice? \_\_\_\_\_ Which one? \_\_\_\_\_

Referred by a friend? \_\_\_\_\_ Please let us know so we can thank them: \_\_\_\_\_

Would you like to receive our e-newsletter? \_\_\_\_\_ Email: \_\_\_\_\_

## Consent to treatment

**I consent to my physical therapy evaluation today.**

**I understand as a patient, I am under the care and control of my physician(s) and that Quinn Orthopedic Physical Therapy is not liable for any act or omission when providing treatment in accordance with my physician's instructions.**

**I acknowledge that no guarantee or assurance has been, nor can be made, by Quinn Orthopedic Physical Therapy as to the results of the prescribed treatment.**

**By signing this agreement, I consent to have Quinn Orthopedic Physical Therapy provide the treatment and care prescribed by my physician. I understand this consent can be revoked by me at any time in writing.**

\_\_\_\_\_  
Signature of patient/spouse/guardian/parent/conservator/representative

\_\_\_\_\_  
Date



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## Consent to release medical records

Insurance is considered a method of reimbursing the patient for fees paid for physical therapy and not a substitute for payment. Some insurance companies pay a fixed amount for certain procedures, and others pay a percentage of the charged amount. To the extent necessary to determine liability for payment and to obtain reimbursement, I authorize Quinn Orthopedic Physical Therapy to disclose portions of my medical records to include but not limited to: insurance companies, health care service plans, workers' compensation carriers, equipment vendors, and the Centers for Medicare and Medicaid Services and/or its intermediaries. In addition, I understand that Quinn Orthopedic Physical Therapy may use or disclose my personal health information for the purposes of carrying out treatment and evaluating the quality of services provided and any administrative operations related to treatment or payment.

I acknowledge that I have been given the opportunity to read the posted NOTICE OF PATIENT INFORMATION PRACTICES. I understand that Quinn Orthopedic Physical Therapy may use or disclose my personal information as listed above.

I understand that I have the right to request restrictions in writing about how my personal health information is used and disclosed for treatment, payment or administrative operations. Quinn Orthopedic Physical Therapy will consider all such requests on a case by case basis.

I assign all medical benefits pertaining to my physical therapy treatment to which I am entitled, including Medicare, workers' compensation, private insurance, automotive insurance medpay provisions and any other health care plans to:

**Quinn Orthopedic Physical Therapy**  
**TIN# 33-1149957**

**I certify that the information I have given to Quinn Orthopedic Physical Therapy for insurance billing, including Title XVIII of the Social Security Act (Medicare) is correct.**

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Signature of patient/spouse/guardian/parent/conservator/representative

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Date



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## Notice of patient information practices

This notice describes how medical information about you may be used or disclosed and how you can access information. Please review carefully.

**Quinn Orthopedic Physical Therapy** has a legal duty to protect and maintain your privacy, including your personal health information. Our primary goal is to provide you with the highest quality care and, at the same time, preserve your privacy. We promise to limit the use of your personal health information.

## Uses and disclosures of health information

Quinn Orthopedic PT uses your personal health information primarily for providing quality treatment and to obtain payment for treatment. Our support staff may use your personal information to conduct administrative duties to provide you with the best care. For example, a Physical Therapy Aide may be required to fax an evaluative report to your referring physician to notify your doctor of the therapist's findings or of your progress. We may also use your personal health information for evaluating the quality of care that we provide. For example, our therapists may ask another therapist a clinical question about your condition or review your chart to ensure that the therapist is documenting your functional progress clearly. We also provide information when required by law.

In any other situation such as using your information for marketing purposes, our policy is to obtain your written authorization. At any time, you have the right to revoke your consent in writing which would stop future disclosures.

Quinn Orthopedic PT has the right to make changes to this policy at any time. If changes are made to our policy, we would provide you with a new Notice and replace our current posted Notice in the lobby. You may also request an updated copy of our Notice of Patient Information Practices at any time.

## What are my individual rights?

You have the right to review and edit any incomplete or inaccurate information of your records, and request a copy of your personal health information at any time. You have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes.

You can request in writing that we not use or disclose your personal health information for treatment, payment or administrative purposes except when specifically authorized by you. Quinn Orthopedic PT will consider each reasonable request on a case by case basis, and respond to your request(s) in writing.

## Who do I call with questions or concerns?

If you are concerned that Quinn Orthopedic PT may have violated your rights to protect your personal health information or if you have questions about our policies, please contact our Business Manager listed below:

**David Lemire, Business Manager**  
**20823 Stevens Creek Blvd., Suite 200, Cupertino, CA 95014**  
**408-252-6076 Fax 408-252-1159**

You may also contact the U.S. Department of Health and Human Services in writing with concerns or complaints.