

PROFESSIONAL REHABILITATION OTHER SERVICES QUESTIONNAIRE

(Important all questions MUST be answered)

Motor Vehicle Accident Questions

Is the reason for your visit today related to an Motor Vehicle Accident? Yes / No

If so, Date it happened? _____ What State? _____ Is there another party involved? Y / N

Are you working with an attorney for this accident? Y / N Attorney? _____

****All Motor vehicle related cases must be handled by office prior to services being rendered. Most insurance does not cover MVA due to third and fourth parties involved. If litigation is involved an approved LOP between office and attorney must be done prior to services rendered.**

Previous Physical / Speech / OT / Chiropractic / Massage Questions QuTherapy

Have you had **ANY Physical / Speech / OT / Chiropractic / Massage Therapy** at any other outpatient clinic (can be another PRS facility as well) since January 1st of this year? Yes / No

If yes, which one (s) (Circle) - **Physical Therapy / Speech Therapy / OT / Chiropractic / Massage**

Name of the Office(s) attended? _____ Phone: _____

How many visits did you attend? _____

Were the services you received at a hospital based outpatient clinic? Y / N

Were the services you received at a private clinic? Y / N

Do you know if they billed your insurance? Yes / No

**** Note: If you have had previous Physical Therapy, Speech, OT, Chiropractic or Massage therapy at any other place it will affect payment for services pending any type of visits / money caps and other limitations on your insurance. You cannot attend two different PT practices at the same time for the same diagnosis or your insurance will not pay. If you are attending PT for different diagnosis they must be on opposite days but your limitation set forth by insurance will accumulate faster and could be exhausted. You must keep PRS informed each week how many visits you attended at the other PT clinic.**

****For Medicare patients we need to know any previous services rendered and number of visits billed to Medicare because this will affect the amount of Medicare benefits for your physical therapy per year as Medicare sets caps on Physical Therapy services.**

Work Related Accident Questions

Is the reason for your visit today related to a Work Related Injury? Yes / No

If so, Date it happened? _____ What State? _____

Are you on Workers Comp for this injury? Yes / No

Who is your case manager? _____ Phone number of case manager _____

(All workers comp must be pre-authorized before services are rendered)

Home Health /Skilled Nursing Questions Accident

****Medicare will NOT pay for outpatient physical therapy services at PRS if you are currently having or start home healthcare / skilled nursing services while having outpatient PT services at PRS. You need to be fully discharged from your home healthcare / skilled nursing agency in order to start or continue to receive out-patient physical therapy and for Medicare to pay for it.** Both cannot be attended at same time.**

Have you had any Home Health Care Services or Skilled Care Nursing for **anything** in the last 120 days for any problem (not just Physical Therapy)? Y / N

If yes, what Company? _____ Phone _____

When did you start? _____ When were you discharged? Date _____ (Please provide discharge papers for our files)

I understand it will be my responsibility for any balance not paid by insurance due to limitations on my insurance. I understand it is my responsibility to know my Physical Therapy Benefits. I also understand any balance not paid due to a Motor Vehicle Accident / Ligation Case / Workers Compensation / or attending Outpatient Physical therapy and Home Health and/or skilled nursing at the same time and not notifying PRS prior to the time of the services or while attending outpatient physical therapy will become my responsibility.

I agree and understand I have read and agree to the policies mentioned above:

Patient Signature (Seal) _____ **Date of Evaluation** _____