



Practice Policies

For Your First Visit

- If you have been referred by a physician, please bring that referral to your first visit.
- Please complete all of the forms (either e-mailed to you or downloaded from the website) and bring them with you to your first visit. If you do not fill them out beforehand, please plan on arriving 15 minutes prior to your appointment time so that they can be filled out prior to beginning your session. All forms must be signed as indicated prior to beginning treatment.

Payment and Insurance Reimbursement

- Catalyst Athletic Rehab and Performance, LLC is out-of-network with all insurance providers. As such, payment-in-full for services is required at the beginning of each session. Accepted forms of payment are cash, check, or credit card (including HSA and FSA cards).
- After each visit, you can be provided an invoice that you may submit to your insurance provider for reimbursement. Any reimbursement of fees is between the patient and his/her insurance provider, and is not the responsibility of Catalyst Athletic Rehab and Performance, LLC. Our office can provide you with support documentation as required by your insurance company, when requested.
- It is your responsibility to understand your health insurance coverage, know how to get reimbursed, and at what level you can expect to be reimbursed. It is your responsibility to follow-up with your insurance company after the submission of claims to ensure that the claims are processed correctly.
- Your signature below indicates that you are financially responsible for all charges incurred and that outstanding balances over 90 days can be processed by a collection agency.

Physician Referral

- North Carolina is a Direct Access state, meaning no physician referral is required for physical therapy.

Medicare Patients

- Patients who have Medicare or Medicare Advantage plans cannot currently receive physical therapy in a private-pay setting. However, Medicare patients may be seen for non-covered services.

Treatment Sessions

- Each treatment session will typically last 50 minutes, with some time allotted to allow for payment and other processing activities.
- Please wear or bring clothes and footwear that are appropriate for exercise-related activities. Also consider appropriate anatomical access, such as a sports bra or tank top for shoulder conditions, or shorts for knee conditions.

Dry Needling

- Dry needling may be recommended as part of your plan of care. A separate consent form will be required prior to initiating dry needling treatment.

*****PLEASE INITIAL THIS PAGE INDICATING CONSENT WITH THE ABOVE _____**



Medical Information/Medical Records

- We understand that your present and past medical information is personal, and are committed to protecting information about you. In order to provide you with quality care and meet your needs for reimbursement, we create a record of care and services you receive at Catalyst Athletic Rehab and Performance, LLC that is maintained electronically. This allows us to remain free of paper charts that are prone to damage, loss, or security concerns.
- All paper copies of records are securely destroyed.

Newsletter and Contact

- By supplying an email address, you consent to receive our periodic email newsletter, which will include information about updates, news, deals, community presentations, etc. You can unsubscribe to this service at any time by replying "REMOVE."

Cancellations/No-Shows

- Please give at least 24-hour notice if you are unable to keep your appointment for any reason. Failure to give 24-hour notice will result in a Cancellation Fee charged to your credit card for the regular full appointment price. No-shows for an appointment will result in the same Cancellation Fee.
- The Cancellation Fee can be avoided by rescheduling your appointment within the same calendar week, if an appointment time is available.

Tardiness

- We ask that you arrive on time for your appointments and that you are considerate of the next patient's time when your session ends.
- If you arrive late, your treatment time may be shortened to accommodate the next scheduled patient, with no adjustment made to the price of the visit.

Consent to Treat

- The patient hereby consents to the administration of appropriate evaluation and therapeutic procedures as determined by the treating physical therapist, including, but not limited to, manual therapy including joint mobilization and manipulation, exercise-related interventions, and dry needling. The therapist will monitor your progress and adjust treatment frequency and duration according to medical necessity as needed.

By signing below, I acknowledge that I have read, understand, and will comply with the above policies. I acknowledge that Catalyst Athletic Rehab and Performance, LLC retains the right to charge my credit card the full appointment cost for services rendered, scheduled appointments limited by tardiness, late cancellations, or no-show activity as described above.

Signature of Patient or Guardian

Date

Printed Name of Patient or Guardian



New Patient Registration

Patient name _____

Date of birth _____ Today's date _____

Address _____

City _____ State _____ Zip _____

Preferred phone number _____

May we leave voicemails at this number? _____ Texts? _____

Email address _____

How did you find out about Catalyst? (physician, friend, internet, trainer, etc.)

If referred, who referred you to Catalyst? _____

Primary Insurance (note: Catalyst does not file with insurance) _____

Referring physician (if applicable) _____

Referring physician phone # _____

Referring physician fax # _____

Emergency contact _____

Phone number _____

Relationship to you _____

Physical Therapy Questionnaire

Patient Name _____ Today's Date _____

What are we treating you for? _____

When/How did your pain start? _____

If you had surgery, when? _____ Type of surgery? _____

Describe your symptoms (pain, weakness, etc.) _____

When do you have these symptoms? _____

What activities do you have difficulty with? _____

Rate your pain over the past 48 hours on the scale below

0	1	2	3	4	5	6	7	8	9	10
No pain				Moderate pain				Severe pain		

What increases your pain? _____

What decreases your pain? _____

Have you injured this area before? _____ If yes, describe _____

Please circle any previous medical history below

Cancer	Asthma	Osteoporosis	Osteoarthritis	Fractures _____
Rheumatoid arthritis		Cardiac Conditions/Pacemaker	Diabetes	Hypertension

Any other significant medical history? _____

Please list any surgeries _____

Currently pregnant? _____ Use tobacco? _____ Any allergies? _____

What do you want to achieve with physical therapy? _____
