



Patient Medical History Form

Patient's Name: _____ Gender: Male Female Date: _____

Referring Physician: _____ Return Visit Date: _____

Body Part: _____ Injury Date: _____ Surgery Date: _____

Type of Surgery: _____

What is the nature of your current injury?

Work Related

Chronic / Reoccurring

Fall

Motor Vehicle Accident

Recreational

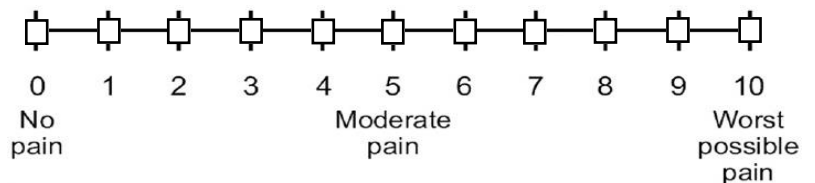
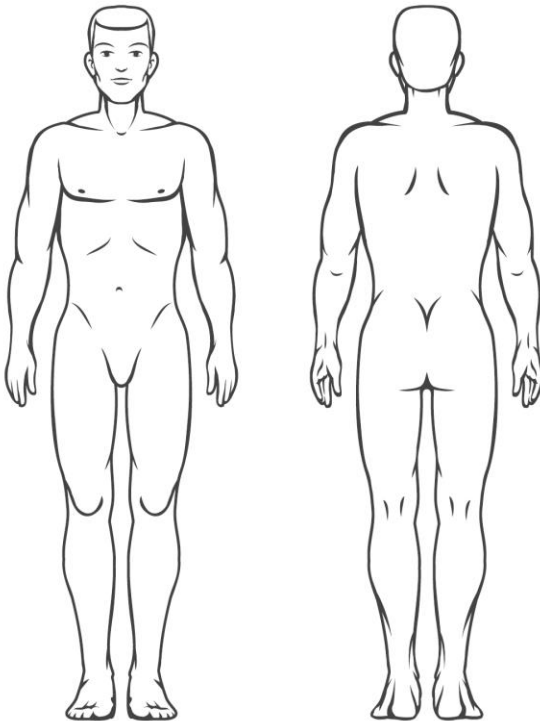
Lift or Carry

Insidious

Surgery

Please use the diagram to mark the location of symptoms.**What is your pain rating in the last 24 hours?**

0 – 10 Numeric Pain Intensity Scale



My symptoms are:

☐ New☐ Constant☐ Intermittent☐ Chronic

My symptoms are made better by?

My symptoms are made worse by?

Are your work or activities of daily living limited?

☐ Yes☐ Partial☐ No**Past Medical History**Have you ever been diagnosed with any of the following? *(check all that apply)*Allergies (medicine / food / latex)

Congestive Heart Failure

Metal in Body

Pregnant (currently)

Arthritis

Diabetes Type I / Type II

Neurological Disease

Respiratory Problems

Cancer / Tumor

GI Disease

Osteoporosis

Seizures / Epilepsy

Chest Pain

High / Low Blood Pressure

Pacemaker

Stroke / CVA / TIA

Chronic Headaches

Lung Disease / COPD

Pneumonia

Thyroid Problems

Medications

Please see attached lists provided by the patient.

| Prescription / Over the Counter / Vitamins | Frequency | Dosage |
|--|-----------|--------|
| | | |
| | | |
| | | |



FINANCIAL POLICY & PATIENT RESPONSIBILITY

Sterling Physical Therapy & Wellness (SterlingPT) thank you for choosing us! We are committed to providing our patients with the highest quality care. We thank you for taking the time to read and understand our financial policy.

Self-Pay & Non-Contracted Plans:

All charges are due and payable at the time of service. We accept cash, checks, and major credit cards. We may reschedule the appointment if payment is not made prior to the services rendered.

Insurance Contracted Plans (Patients with Insurance):

It is the Patient's Responsibility...

- To know their insurance policy. Patients should be aware of their benefits coverage including which healthcare providers are contracted with their plan and covered, non-covered benefits, **authorization requirements**, and **cost share information** such as deductibles, coinsurances, and co-payments. If you are not familiar with your plan coverage, we recommend you contact your carrier directly.
- Prior to your first visit, a team member will contact your insurance company(s) to determine your out-of-pocket expenses. It is important for you to remember that this is an **estimate based on your insurance benefits**. There are many variables which could change this number and additional charges that we cannot predict before services rendered. If this does occur, we will send you a statement after the claim has processed and we receive an Explanation of Benefits from your insurance company.

Patients questioning unmet deductibles have the right to contact their insurance company directly. Recent procedures, such as MRIs or CT scans, may not be reflected at the time of service. The quoted patient financial responsibility is due at the time of service.

- Certain insurance plans (i.e. HMO) requires a prior authorization (e-Referral) from the Primary Care Physician (PCP). The appointment will be rescheduled if the prior authorization is not on file on the day of the appointment.

If the patient decides to keep the set appointment and/or receive services, it is with the understanding that their health plan may not pay for charges related to the services provided by SterlingPT and that without a referral, the patient would be responsible for payment of all charges.

- To pay his/her co-payment or deductible at the time of service. Finance charges are accrued monthly on unpaid balances and are the responsibility of the patient.
- Any non-covered services, as determined by the patient's insurance carrier, are the financial responsibility of the patient.

Refunds:

- Overpayments will be refunded to the appropriate party (normally the insurance company or guarantor on the insurance policy).
- Patient refunds will not be processed until all active or past due accounts are paid in full (all claims must have been processed and closed).

Delinquent / Unpaid Account:

- Prior to providing services, payment of prior outstanding accounts will be requested and should be received. Patients with unpaid delinquent accounts or accounts which have been written off to bad debt may be denied treatment if not medically urgent.
- Accounts which cannot be collected by SterlingPT after normal in-house collection procedures may be referred to a collection agency for further collection action in accordance with the practice's established guidelines. Charges shown by statement are agreed to be correct and reasonable unless protested in writing within thirty days (30) of billing.

Financial Policy Acknowledgement

I have read and understand the above financial policy. I understand that regardless of my insurance claim status or absence of insurance coverage, I am ultimately responsible for the balance on my account for any services rendered.

I acknowledge that I have read, understood, and accept each paragraph stated above.

Patient (or Legal Guardian) Signature

Patient's Signature

Date



STERLING PHYSICAL THERAPY & WELLNESS

A COMPANY OF CARTERA HEALTH

NO SHOW / SAME DAY CANCELLATION POLICY

Sterling Physical Therapy & Wellness (SPTW) thank you for choosing us! We are committed to providing our patients with the highest quality care. We thank you for taking the time to read and understand our policy.

No Show / Same Day Cancellation Policy:

Our staff works hard to offer you an appointment that is convenient for you. We understand that there are times when you must miss an appointment due to emergencies or other obligations.

- If circumstances prevent you from keeping your appointment, please call the office at least 24 hours in advance to reschedule.
- If an appointment is not cancelled at least 24 hours in advance, the patient will be charged a thirty-dollar (\$30) fee; this fee will not be covered by your insurance company.

When a patient misses a scheduled appointment (without prior notice):

- SterlingPT will call to offer the patient an opportunity to reschedule within the same business week.
- If we are unable to reach the patient on the day of the visit or if the patient is unable to reschedule within the same business week, the \$30 inconvenience fee will be applied to the account.

Please understand that our policy is in place to assure that we maintain a superior standard of care for all of our patients. Additionally, missed appointments prevent us from caring for other patients that may need our services at that time.

Financial Policy Acknowledgement:

I have read and understand the above no show/same day cancellation policy. I understand the insurance company will not pay the inconvenience fee for missed visits.

I acknowledge that I have read, understood and accept each paragraph stated above.

Patient (or Legal Guardian) Signature

Patient's Signature

Date



Patient Financial Responsibility

What if I do not have insurance or you are not a participating provider for my carrier?

For patients who do not carry health insurance and those for whom we do not accept their policy, payment will be expected in full at the time of the visit. Anyone who feels it is necessary to extend payments over a period of time is invited to discuss arrangements prior to their visit.

What are my financial responsibilities as a patient?

As a patient, it is in your best interest to know and understand your responsibility for any deductibles, co-insurance, or co-payment amounts prior to any visit. Not all services are covered in all insurance contracts. If your insurance plan does not cover a service or procedure, you may be liable for full payment of the bill.

To find out what your insurance plan covers and what your financial obligation may be, call the Customer Service or Member Services Department listed on your insurance company. Your employer's human resources department may also be a source of information and assistance.

Make sure that your insurance company lists your physician as a participating provider. It is possible that only one of our physicians participate with your insurance plan. Benefit and coverage rules and policies differ among insurers and even between different plans of the same insurer. If you go to an out-of-network provider, you may have a greater financial responsibility for services provided from a physician that is not under contract with your health care plan. Your insurance company can assist you in finding an in-network provider to limit the amount of money you will have to pay for care. Contact your plan's Customer Service department for further assistance.

What should I do if my insurance changes?

You are responsible to notify your Provider of any changes to your insurance coverage. If you do not notify our office of a change in coverage at the time of your appointment and your claim is denied as a result, you will be responsible for the charges of the claim in full. Please have your current insurance card with you at all times, as well as a photo ID such as a driver's license, military ID or government issued ID.

Why are you asking for my deductible, co-insurance or co-payment at the time of my visit?

We ask that payments be made when you are at the Provider's office so you will not be bothered with an invoice sent to your home after your visit. It also helps us reduce our costs and saves you the trouble of mailing a payment back to our office.

What if my insurance plan requires a referral or a PCP prior authorization?

If your insurance company requires a referral or PCP prior authorization, please contact your Primary Care Physician prior to your appointment in our office. If you request to be treated without the referral or PCP prior authorization, you may due so. But, the insurance company may not cover the visit. If this occurs, you will received an invoice in the mail for the total allowable payment per each visit.

When can I expect to receive a bill? Why was I sent a statement when my insurance company is supposed to pay my bill?

For patients with health insurance, you are typically required to pay your portion of the bill at the time of service. Please note, you are paying an "estimated amount" at the time of service. Once the claim processes, any balance due or credit will be sent to you within 60 days.

Whether you have insurance coverage or not, you as the patient are ultimately responsible to make sure your bill is paid. If you receive a statement showing that your insurance company has not paid, it may be helpful for you to contact your insurance company to ask why payment has not been made.

Where do I send payment? What methods of payment are accepted?

You can make your payment in person, via our website, through the mail, or over the phone during office hours. We accept check, money order, Visa, MasterCard, AMEX, and Discover. Checks should be made payable to **Sterling Physical Therapy & Wellness** and mailed to 1449 Hwy 6, Suite 260 in Sugar Land, TX 77478. There is a \$50 service fee for returned checks.

I _____ have read and thoroughly understand my financial responsibility for all services rendered. I am aware my insurance contract is between me and my insurance company and I will be billed by my Provider for any services rendered not payable.

Signature _____

Date _____



Patient Acknowledgment Regarding Concurrent Therapy Services and Medicare Regulations

At Sterling Physical Therapy, we are dedicated to delivering exceptional care while maintaining compliance with insurance guidelines and Medicare regulations. Please review the following important information:

1. Concurrent Therapy Services

- Insurance policies generally do not cover physical therapy services provided simultaneously at multiple facilities. If you are receiving or have received physical therapy at another clinic within the same calendar year, you must notify Sterling Physical Therapy and ensure discharge from the other facility before initiating care at our facility
- Failure to disclose this information may result in insurance claim denials, and you will be held financially responsible for all costs incurred.

2. Medicare Regulations on Home Health Services

- According to Medicare guidelines (42 CFR §409.43), patients cannot receive outpatient physical therapy services concurrently with home health services. Home health care must be completed and formally discharged before outpatient therapy services can be covered.
- Services rendered at Sterling Physical Therapy during ongoing home health care will not be reimbursed by Medicare, and patients will be responsible for the associated costs.

3. Patient Decision and Financial Responsibility

- It is the patient's decision to proceed with services at Sterling Physical Therapy while understanding their own situation regarding care at other facilities or home health agencies. By choosing to continue care under these circumstances, the patient accepts full financial responsibility for any costs incurred due to insurance claim denials related to concurrent services.

Acknowledgment and Agreement I acknowledge that I have read and understand the policies outlined above regarding concurrent therapy services and Medicare regulations. I agree to comply with these policies and accept financial responsibility for any costs incurred due to non-compliance or failure to disclose concurrent services.

Patient Information: Name: _____

Date of Birth: _____

Signature: _____ Date: _____



STERLING PHYSICAL THERAPY & WELLNESS

A COMPANY OF CARTERA HEALTH

Remote Therapeutic Monitoring (RTM) Consent and Acknowledgment

At Sterling PT & Wellness, we are dedicated to providing comprehensive care to support your progress both during and between visits. Remote Therapeutic Monitoring (RTM) is a program designed to enhance your treatment outcomes through technology-driven tracking and real-time adjustments to your care plan.

What is RTM and How It Works

RTM uses technology to monitor your health, including tracking symptoms, adherence to exercises, and responses to therapy. By using the Sterling PT & Wellness mobile app or prescribed device, your data is securely shared with your provider, enabling personalized adjustments to your treatment plan. This ensures consistent support and improved outcomes between clinic visits.

When participating in RTM, you:

- Use the provided app or device as instructed.
- Accurately record therapy-related data, such as exercise completion and symptom updates.
- Allow your provider to use this data to optimize your care.

All data is managed in compliance with HIPAA regulations to maintain confidentiality.

Billing and Insurance Coverage

By law, we are permitted to bill your insurance for RTM services as part of your ongoing care management. These charges are not for office visits but reflect the remote monitoring and support provided to ensure your progress. RTM services are generally covered by insurance, and patients typically have no financial responsibility for these services. If you receive an explanation of benefit from your insurance company for a date of service when you were not physically in the clinic, it is likely for RTM services. This is typically not a bill.

Patient Acknowledgment

By signing below, I acknowledge my participation in the Remote Therapeutic Monitoring (RTM) program at Sterling PT & Wellness. I understand my responsibilities to:

- Use the app or device as prescribed.
- Record accurate therapy data to support my care plan.

I consent to the use of this data by my healthcare provider to enhance my treatment and understand that RTM services may be billed to my insurance. I acknowledge that all information will be handled securely in compliance with HIPAA.

Patient Information:

Name: _____

Cell Phone: _____

Signature: _____

Date: _____



STERLING PHYSICAL THERAPY & WELLNESS

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SOCIAL MEDIA RELEASE CONSENT

I authorize the staff of Sterling Physical Therapy & Wellness and an affiliate media production company to record, film, and/or videotape my voice and image to photograph my person.

I further authorize Sterling Physical Therapy & Wellness to use, televise, and publish (in print or on the Internet) such voice and image recordings and photographs for any purpose that Sterling Physical Therapy & Wellness deems suitable. I understand that Sterling Physical Therapy & Wellness intends to advertise, market, sell, and distribute the above-named production, and I hereby release any and all interest that I have or may hereafter acquire in any proceeds from such sale or distribution of said production. I agree that no representations have been made regarding the purpose or use of my voice or image except those set forth in this release.

In consideration of participating in the media production described herein, I do for myself, my heirs, executor, administrators, legal representatives, and assigns release and forever discharge Sterling Physical Therapy & Wellness, their officers, agents, and employees, and all other persons connected with the named production from any and every claim, demand, action, in law or equity that may arise as a result of my participation in the production named in this release.

I further state that I have carefully read the terms of this release. I understand that I am signing a complete release and bar to any claim resulting from my participation in the production named in this release.

Patient's Signature: _____ Date: _____