TRUESPORTS
PHYSICAL THERAPY

1. Please enter your patient demographics.

Patient First Name: Corey
Patient Last Name: Costner
Nickname:

Date of Birth: 4/24/2007 (age 16)
Last 4 digits of SS: 5010
Sex at birth: ☑ Male
Preferred Pronoun: He/him/his

Street Address: 5102 Crest Haven Way
Apt/ Unit #:

City: Perry Hall
State: Md
Zip Code: 21128

Mobile Phone: (443) 803-3420
Email: jason.costner@comcast.net

Emergency Contact Name: Jason Costner
Emergency Contact Telephone Number: (443) 803-3420

2. Please enter your Primary Health Insurance information. As a friendly reminder, this allows our office to verify your insurance coverage and predetermine your financial responsibility. We highly encourage all patients to contact their insurance prior to the initial visit.

Primary Insurance Carrier:
☑ Aetna ☐ Anthem Blue Cross/ BS ☐ BCBS Federal Employee Program ☐ Cigna/ ASH ☐ Carefirst Administrators
☐ Carefirst Blue Choice ☐ Carefirst/ Blue Cross Blue Shield ☐ Medicare - Part B (Referral is required)
☐ Johns Hopkins EHP (Referral is required) ☐ United Healthcare (Referral is recommended) ☐ Self Pay
☐ Tricare/ Humana Miltary (Referral is recommended) ☐ US Family Health Plan - Johns Hopkins Medicine
☐ Workers Compensation Claim (Referral is required)
☐ Motor Vehicle Accident (Secondary Insurance is recommended)

ID# (including any letters and numbers): W244031066
Group# (including any letters and numbers): 0699924-013-00002

Insurance Address (found on back of card): PO Box 981106, El Paso TX, 79998
Insurance Phone # (found on back of card): 1.800.200.2723

Policyholder's Name: Monica Costner
Policyholder's DOB: 05/07/1972
Relationship to Patient: Parent/ Guardian

3. How did you find out about us?

☐ Doctor ☐ Insurance Plan ☐ Friend/ Family
☐ Google ☐ Facebook ☐ Workers' Compensation
☐ Auto Accident ☑ Coach/ Trainer Jerry Iweh ☐ Instagram

4. What injury/ body part brings you in today?

Groin

5. How did your injury occur?

☐ Auto Accident ☐ Fall ☑ Sports Injury Football and Track
☐ Employment Injury ☐ Surgery ☐ Personal Injury

6. Please enter your Medical History.

Date of Injury
January 2024

Date of Surgery
None

Referring Physician

How severe is your pain:
5 Moderate

Have you previously had PT for this injury?
○ Yes ◉ No

Have you experienced any of the following symptoms related to this injury?
☑ Stiffness

Have you had any special test(s) related to this injury?
☑ N/A

Please check if you have or have had any of the following:
☑ None of the above

Do you currently:
☑ Exercise

Please list any medications (including vitamins and supplements) that you are currently taking:

7. Please enter your Secondary Health Insurance (if applicable).

Secondary Insurance Carrier:

ID#:

Group #:

Secondary Insurance Address:

Secondary Insurance Phone:

Policyholder's Name (if different)

Policyholder's DOB:

Relationship to Patient:

Is your secondary insurance through a school or sports team? If yes we will need an Incident Report
☐ Yes ☐ No

8. Did you download the True Sports Mobile App? If not please download the app now as you will receive video access to your assigned at home exercises with explanation, repetitions, etc. of how to do each. Link: https://apps.apple.com/us/app/true-sports-mobile/id1539002332

☐ Yes ☑ No

*Signed by Jason Costner on Mar 01, 2024 at 09:35 PM from IP 104.28.132.****

TRUESPORTS
PHYSICAL THERAPY

Patient Responsibility/ Financial Policy

Please read below and sign acknowledging that you have received this notice and agree to adhere to the following policies.

Consent for Care & Treatment: I hereby agree and give my consent to True Sports Physical Therapy , LLC to provide outpatient physical therapy services considered reasonable and medically necessary in diagnosing and/or treating my physical condition and/ or injury.

High Performance And Wellness Fee: A fee of **$15.00** will be charged per visit as a high performance fee, which supports the provision of high-quality services. Putting in place a High Performance and Wellness Fee (HPF) will allow True Sports to continue to offer services above and beyond standard PT as we've done for almost 10 years now. Sessions continue to be 1:1 without the use of techs and time killing passive modalities. We will continue to be housed in outstanding performance facilities and provide services that are standardly uncovered by insurance.

JLC ✔

Financial Policy: True Sports Physical Therapy LLC, does not accept responsibility for any incorrect information provided by you or your insurance carrier during insurance verification. As a courtesy we will verify your coverage and estimate your out of pocket cost prior to the initial visit. Your insurance is a contract between you and the insurance company. Not all services and diagnosis codes are covered. We will not compromise patient care based on an insurance companies "fee schedule." Verification of benefits is not a guarantee that all services will be covered. You are financially responsible for all copays, coinsurance, deductibles, or "self pay" estimated amounts at the time services are rendered. If for any reason your insurance does not pay for the services provided, the patient shall assume full responsibility for the total amount owed. You will receive paperless billing statements for any outstanding balances not collected in the office. Any outstanding balances not paid after four statements may be turned over to a debt collection agency. Additionally we reserve the right to not schedule, render services, or discharge any patient with unpaid balances.

JLC ✔

Medical Necessity Review: This policy serves as a written acknowledgment between the patient and/ or policy holder signed below and True Sports Physical Therapy, LLC. Our practice will submit claims, clinical notes, physician referrals, and any additional information to your insurance on your behalf. In the event that the medical claims deny based please be advised that the patient and/ or guarantor assumes full responsibility and will be billed per our practice Financial Policies. Any visits not covered by your insurance will be billed $117.00/ per date of service. Patients/ policy holders are highly encouraged to contact their insurance company directly and inquire about the medical necessity review requirements for skilled Physical Therapy services.Your signature below acknowledges you have been informed that you are financially responsible if your insurance does not cover any skilled rehab services performed at True Sports Physical Therapy LLC. You understand that you are responsible for payment of my claims directly to the provider. Additionally, you are aware this policy doesn't void the True Sports Physical Therapy LLC Patient/ Financial Responsibility Agreement.

JLC ✔

No Show/Cancellation Policy: Due to the popularity of our practice we cannot guarantee that we will be able to reschedule you to keep you compliant with your plan of care, but we will make every effort. In an instance of cancellation or no-show, without 24 hours notice, we reserve the right to charge you a **$50.00 fee.** In instances of repeated noncompliance with your scheduled visits, we also reserve the right to discontinue care. We understand that unavoidable circumstances sometimes occur and you may not be able to cancel within 24 hours; fees in this instance may be waived at the discretion of management. JLC ✔

Payment Methods/Credit Card Authorization: We accept Checks or Cards ONLY. Returned checks or declined transactions may result in a $40.00 service charge. We require a card on file as a guarantee of payment for any balance after insurance processing. Copays/ coinsurance/ deductibles, etc will always be collected at the time services are rendered. Please be advised that stored credit

card information is in compliance with all federal and consumer rules protecting and regulating the storage and use of this information (PCI SSC). Your signature below authorizes True Sports Physical Therapy, LLC to charge your credit card for any patient responsibility. If you wish to update the card, please notify the staff and complete a separate authorization form. Our billing company Medical Claims Solutions will send a paperless billing statement and receipt for all transactions. JLC ✔

Auto Accident/Workers Comp: It is your responsibility to notify us your injury is related to an auto accident or worker's compensation. Any charges not covered by the Auto/ Workers Compensation carrier, will be billed to the patient. If a patient has instructed their insurance company to send payments to their attorney, the patient will be billed and held solely responsible for the bill. We do not bill attorneys. You hereby authorize payment directly to True Sports Physical Therapy, LLC for services rendered as described on the paper/ computer bill. This authority shall supersede all prior subsequent instructions to the third party payor by the undersigned or his/her legal representatives.

JLC ✔

Credit Card Authorization

True Sports Physical Therapy, LLC requires all patients to keep a debit/ credit card/HSA/FSA on file as a guarantee of payment. We have enlisted Perform Practice Solutions to process all medical / billing claims and credit card processing. Paperless billing statements and receipts will be sent electronically to the primary email address and/ or telephone number we have on file for you. In addition to paperless statements, enrolling in the payment portal may include the convenience of secure mobile and online payments. Our dedicated billing specialists can be reached at **775-255-4147** or by emailing **Questions@PerformPT.net** for additional assistance .This policy authorizes us to charge the card listed below for any patient responsible balances including copays, deductibles, coinsurances, medical record fees, and/ or no-show or late cancellation fees.

Please be assured your debit/credit card information will be kept in compliance with all federal and consumer rules protecting and regulating storage and use of this information (PCI SSC). We appreciate your cooperation in complying with our policy. By signing below, you acknowledge a True Sports Physical Therapy, LLC employee has reviewed your Benefit Estimate and Patient Responsibility/ Financial Policy with you, and has permission to securely store a credit card on file and charge as deemed appropriate.

I have read the above policies and certify that i understand and will abide by the above policies set forth by True Sports Physical Therapy, LLC.

Name of Patient: **Corey Costner**

Name of Cardholder: **Jason Costner**

Card Number: **4121851005576436**

Expiration Date: **02/26**

Security Code: **869**

Billing Zip Code: **21128**

Email Address for Receipts: **jason.costner@comcast.net**

Client Signature

Mar 01, 2024

*Signed by Jason Costner on Mar 01, 2024 at 09:38 PM from IP 104.28.132.****

TRUESPORTS
PHYSICAL THERAPY

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed. We are required by law to protect the privacy of your health information. This document also explains how you can gain access to your medical information.

1. The general consent for release of medical records that you sign authorizes True Sports Physical Therapy, LLC to disclose the information in your medical record for treatment, payment, and health care operations.
    1. For the purpose of providing treatment to you, your information may be shared with employees and contractors of the provider, or with other health care providers you are under the care of.
    2. For the purpose of arranging payments of your care, your information may be shared with your insurer or other third-party payer who is responsible for paying all or part of the cost of your care.
    3. For the purpose of health care operations, we may use and disclose information that is necessary for our operations. We may also disclose information to (ie. doctors, nurses, and technicians). We may use information about you to remind you of an appointment for treatment of medical care.
2. You may be asked to sign a specific authorization for release of medical records, which will authorize us to make a specific disclosure that is not covered under section A above. The specific information, the entity to whom it will be disclosed, and the purpose for which it will be used will be documented for your review before signing.
3. We may be required by law to disclose your records that you have not authorized. For example, if we receive a subpoena for the records or if public responsibility required disclose)i.e. To protect the public health).
4. Your rights regarding health information about you:
    1. You have the right to inspect and get a copy of your health information. There will be a fee for copying records. Workers Compensation records may be provided to an attorney or the patient, upon request, at the conclusion of treatment. There will be a fee for copying records.
    2. Your have the right to find out how your health information is used and to whom it is disclosed. You may request an accounting of your medical records disclosures made by us except for disclosures made for treatment, payment and health care operations.
    3. You have the right to receive a paper copy of this notice.

5. We are required by law to maintain the privacy of your protected health information and if you believe that your rights have been violated, you may complain to us by calling us or writing to us with details. We will not retaliate in any way against a patient making a complaint.

6. We reserve the right to change our privacy practices and to make new policy at any

Client Signature Mar 01, 2024

*Signed by Jason Costner on Mar 01, 2024 at 09:38 PM from IP 104.28.132.****

TRUESPORTS
PHYSICAL THERAPY

Photography/Video Consent Form

AUTHORIZATION FORM FOR USE OF ANY AND ALL PHOTOGRAPHS, VIDEOS, AND SUCCESS STORIES IN PUBLIC RELATIONS AND MARKETING ACTIONS

I hereby grant permission to True Sports Physical Therapy, LLC and/or their representatives, to take and use: success stories, photographs, video, and/or digital images of me for use in news releases and/or educational materials. These materials may include printed or electronic publications, Web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, and digital reproductions shall be the property of True Sports Physical Therapy, LLC.

Client Signature

Mar 01, 2024

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