



OUTPATIENT
PHYSICAL
THERAPY

Was the prescribed injury that you are seeking treatment for, sustained due to a motor vehicle accident? If so, do you plan to use your Personal Injury Protection (PIP) insurance? _____

Was the prescribed injury that you are seeking treatment for, sustained due to a work-related injury? Have you filed a Workers Compensation Claim? _____

Are you currently in a Skilled Nursing Facility? Within the past year were you in a Skilled Nursing Facility? If so please list the facility name and phone number. _____

THE TWO QUESTIONS BELOW PERTAIN TO MEDICARE PATIENTS ONLY

Do you have any provider or nurse come to your home for any reason? If so, list the company name and telephone number, as well as reason for them coming to you home. _____

Within the past year has a nurse or provider come to your home for any reason? If so, list the company name and telephone number, as well as reason for them coming to your home. _____

DISCLAIMER: If you chose to file an injury sustained by a motor vehicle accident or work-related injury on your private health insurance, please understand any of the following instances can occur: A.) Your private health insurance may deny to pay your claims, B.) Your private health insurance can recoup payment after previously paying a processed claims, C.) You may exhaust or max out your (PIP) insurance. In these instances any unpaid or recouped balances will be transferred to you and become your responsibility to pay the portion allowed by your insurance to Triangle Therapeutics.

MEDICARE WILL NOT ALLOW YOU TO HAVE PHYSICAL THERAPY AND TO HAVE SOMEONE COME TO YOUR HOME (FOR ANY REASON, NOT JUST THERAPY, AT ANY TIME). BY SIGNING THIS I AGREE TO NOTIFY TRIANGLE THERAPEUTICS IF I BEGIN TO HAVE A NURSE OR PROVIDER COME TO MY HOME. IF MEDICARE DENIES ANY CLAIMS FOR THE REASONING ABOVE, I AGREE TO PAY THE PORTION ALLOWED TO TRIANGLE THERAPEUTICS BY MEDICARE.

Signature

Date

