

Lovelace UNM Rehabilitation Hospital
505 Elm Street NE
Albuquerque, NM 87102

OUTPATIENT
INDIVIDUALIZED WRITTEN
DISCLOSURE STATEMENT

THPY0097 (Rev 6/06/19)

Welcome! Thank you for entrusting your care to our highly skilled Outpatient Therapy staff at Lovelace UNM Rehabilitation Hospital. Following your initial evaluation(s), an individualized care plan will be discussed to address your needs, including frequency and duration of treatment.

Treatment Sessions: Treatments scheduled are allotted 60 minutes.

Cancellation/ No Show Policy: If there are 3 cancellations or 2 "no shows" in one month, you may be discharged and your physician will be notified. If discharged, a new referral is necessary to return to therapy.

Insurance Coverage Issues: Should you have questions about your insurance coverage, please ask your therapist to put you in touch with our insurance specialists. We can also provide you with a written estimate of the cost of services as well as, assist with payment plans.

_____ I have read this disclosure and understand this statement and the cancellation / no show policy.

THERAPIST RECOMMENDATIONS: PT / OT / ST_ INITIAL SCHEDULING / ADDITIONAL SCHEDULING

Total Number of visits: _____ Frequency: _____ Duration: _____ weeks

Patient Signature: _____ Time: _____ Date: _____

Patient Representative Signature: _____ Relationship to Patient: _____

TO BE COMPLETED BY THERAPIST: *Therapists: Please complete ALL portions (Mark "NA" if not applicable) *

Date: _____ Time: _____ Insurance: _____ Authorization Number: _____

Number of Visits Approved: _____ Frequency /Duration: _____ X _____ Approval Dates from: _____ to _____

Therapist: _____

Therapist Only Alternate PT and PTA (10th visit & D/C MUST be with PT) Other: _____

Preferred PTA: 1) _____ 2) _____

CP **Complex/Book Alone** x____ Visits (Single book only: **purple**) Reason: Tech needed Unit: _____

CP+ Complex x____ Visits (Single book only: **blue**) _____

MAN Manual x____ Visits (Book with reg or another manual only: **orange**)

MC Medicare x____ Visits (Never double book: **red**)

MCP Medicare Pool x____ Visits (Never double book, unless an exception is made by mngr: **salmon**)

REGP Regular Pool x____ Visits (Book with anything in pool, Except MC: **aqua**)

REG Regular x____ Visits (Book with anything Except CP/MC: **green**)

PTCK Re-eval/Discharge (Single book: **light pink** vs evals: **bright pink**) Re-assessment or Discharge

CP+P Complex Pool x____ Visits (Single book, Therapist required in pool: **yellow**)

PTK Patient Check/Discharge Complex x____ Visits (Single book, Tech needed: **sky blue**)

CDB Complex Big x____ Visits (Single book: **forest green**)

Comments: _____

Completed by CSC: _____ Date Completed: _____