

**MULLER & WEBER PHYSICAL THERAPY, INC.**  
**ACKNOWLEDGEMENT FORM**

Please **initial** after each form that you have received.

Please **sign** and **print** your name and date this acknowledgement form.

I acknowledge that I have received the following forms as initialed:

- ❖ Notice of Privacy Practices: \_\_\_\_\_
- ❖ Notice of Medicare Billing Policies: \_\_\_\_\_
- ❖ Notice of Workers' Compensation Policies: \_\_\_\_\_
- ❖ General Policies statement including Limits of Responsibility in determining insurance benefits paragraph: \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_





**MULLER & WEBER PHYSICAL THERAPY, INC.**  
**PATIENT QUESTIONNAIRE**

<b>PATIENT NAME:</b> _____ <b>AGE:</b> _____ <b>D.O.B.:</b> ____/____/____
<b>CONTACT NUMBERS:</b>
<b>HOME:</b> (____) ____-____ <b>CELL:</b> (____) ____-____ <b>WORK:</b> (____) ____-____

**Occupation:** \_\_\_\_\_

Describe your problem (why you came to therapy?):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On the body picture, please shade in the areas, which give you your problem.

Do you have any tingling?    **Y / N**

Where: \_\_\_\_\_

Do you have any numbness?    **Yes    No**

Where: \_\_\_\_\_

What makes your problem worse?

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(For example: sitting for 15 minutes, walking, stair climbing, lifting, bending, looking over shoulder, when driving, etc.)

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What eases or improves your problem?

(For example: lying down, heat, ice, medication, exercise, etc.)

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Does your problem disturb your sleep:    **Y / N**

When was your problem first noticed?    Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What caused your problem?                      No reason                      Reason  
(injury, exercise, etc. please explain)

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What treatment (s) have you previously had for this problem?

                Physical therapy                  Chiropractic      Acupuncture

Other: \_\_\_\_\_

Treating Physicians (including family, orthopedic, neurologist, neurosurgeon):

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Circle **all** tests that you have had for this condition/injury:    X-Rays    MRI    CT scan

Is this problem getting:            Better      Worse      Staying same

Are you off work now?    **Y / N**

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What activities are you presently not participating in because of this problem?

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What do you expect the physical therapy can do for your diagnosed problem?

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Thank you for taking the time to fill this out. This information will be important to allow your therapist to best treat your diagnosed problem.



# MULLER & WEBER PHYSICAL THERAPY, INC.

## GENERAL POLICIES AND INFORMATION

Welcome to Muller & Weber Physical Therapy, Inc. We have prepared answers to some frequently asked questions regarding your treatment and reimbursement/billing procedures. We believe that the more informed you are about what we do; the more successful will be the outcome of your treatment. Please read this carefully.

**Location:** We are located at 2324 Bath Street, Suite "A", Santa Barbara, CA 93105

**Click on the link below for a map and directions:**

<http://www.mapquest.com/maps?city=Santa+Barbara&state=CA&address=2324+Bath+Street+Ste+A&zipcode=93105>

**Office Hours:** In general, we open at 8:00am and schedule our last patient at 4:30pm. Appointments scheduled before 8:00am or after 4:30pm will depend on need and therapist availability. We are closed on Saturdays and Sundays, and on major holidays.

**Staff:** Our clinical staff consists of physical therapists and physical therapy assistants. Our therapists are John Muller, P.T., Andy Eubank, P.T., Daniel Carleton, P.T., Karen Still, P.T., and Karin Jones, P.T. Also on staff are Steve Wright, P.T.A. and Certified Athletic Trainer, Laura Olevsky, P.T.A., Stacey Mertus, P.T.A., Paul Twedt, P.T.A., and Emily Draws, Certified Pilates Instructor. Karin Jones, P.T. also performs home health treatments.

**Parking:** Parking is available to the rear of the building.

**Cancellation Policy:** We ask to be informed as soon as possible if you are not able to attend so the time can be utilized for other patients. Our receptionists can cancel and reschedule your appointment, unless there is a specific reason to talk to your therapist. We would appreciate knowing the reason for cancellation. For injured workers insured through workers compensation, frequent cancellation of appointments will necessitate a letter to your insurance company and doctor informing them of lack of consistency in attendance. If you fail to call to cancel at least 24 hours prior to your appointment and/or you do not show up at your scheduled time, you may be charge a "no show" fee of \$25.00 per visit.

**Patient Information:** You will need to fill out the patient information form before treatment can begin. This includes billing information, a brief medical history and some information about your condition. For Medicare and private insurance, a copy of your insurance card will be necessary. It is best if you can arrive 15 minutes before your first appointment time to register.

**First Visit:** Your treatment will start with an initial evaluation. This is necessary to judge the specific treatment plan needed for your problem. Your doctor will supply a referral with a diagnosis. In combination with this, a treatment plan is designed. The extent of treatment during the first visit will depend on your condition and the amount of time available after the initial evaluation.



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**Treatment:** Physical therapy treatment will, by nature, require physical contact by the therapist and supportive personnel. It may also require disrobing for access to specific treatment areas. Every effort will be made to be sensitive to your privacy. If at any time you feel uncomfortable due to this, please feel free to inform us so we can remedy the situation.

Every effort will be made to have one therapist follow your therapy. Assistive personnel will also be involved in your treatment and will be under the direction of your primary physical therapist.

**Insurance:** It will be your responsibility to determine if your particular insurance plan covers physical therapy through Muller & Weber Physical Therapy, Inc. As a courtesy, we will check benefit eligibility with your insurance company. However, due to numerous types of insurance plans, we may be unable to acquire this information. It will be your responsibility to verify your exact insurance coverage.

**Billing:** Billing is specific to each insurance type as follows:

- ❖ Medicare is billed electronically once a week. Medicare requires a new referral and contact with your doctor. We are a participating provider of Medicare. We do accept Medicare assignment. Medicare has a yearly PT deductible of \$162, most secondary policies will pick up this deductible. Medi-Medi patients will have to pay this fee out of pocket, as we are not Medi-cal providers, and Medi-cal does not cover this deductible)
- ❖ Private Insurance is billed electronically once a week. You will receive a monthly statement from MWPT which is due and payable upon receipt, unless specified. We appreciate, at least, partial payment at this time. Co-Payments on preferred plans are due as soon as the amount of co-payment is determined. If a payment plan is needed, please contact Kathy Cook at our business office so arrangement can be made.
- ❖ Workers' Compensation is billed directly to the insurance carrier once a month. Authorization is required for treatment to begin and to continue. Please inform us if an attorney is involved in your case.
- ❖ Lien cases are accepted on a case by case basis.