Golden Gate Hand Therapy

Patient's Name	First:	Last:
Date of Birth		
Address		
	City, State :	Zip Code:
Phone number	Cell:	Work or Home:
Email		

Visit Information		
Date of Surgery		
Referring Physician		
Physician's Number	Office:	Fax:
Diagnosis		
Next Appointments		

Payment Method	**INSURANCE (ADMIN USE ONLY)**			
Primary	Aetna Anthem BlueCross BlueShield	HealthNet Medicare United Health Care Self-Pay	Workers Comp	Other: HMO PPO
Primary ID number				
Secondary Insurance				
Secondary ID Number				
Insurance Coverage	Co-Pay:	Co-Insurance:	Deductible:	Remaining:
Employer				

** Patient, Insured's or authorized person's signature: I authorize payment of medical benefits directly to Golden Gate Hand Therapy, Inc., for all services rendered. I authorize the release of any medical or other information necessary to process this claim. I am ultimately responsible for any unpaid bills should this account be sent to collections I agree to pay all collection, court and attorney fees.

X _____

golden gate
HAND
THERAPY

1700 California St, Suite 440
San Francisco, CA 94109
Tel: 415.359.1444
Fax: 415.447.3868

Golden Gate Hand Therapy 24 Hour Cancellation Policy

Due to our high volume of patients, 24 hours notice is required to cancel or change the time of an appointment. Appointments cancelled or rescheduled in less than the required time will be subject to a $50 fee. Late arrivals will result in a shortened appointment.

Thank you for your cooperation.

Signature

Date

Golden Gate Hand Therapy, Inc. Notice of Privacy Practices

This notice describes how healthcare information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our commitment here at Golden Gate Hand Therapy, is to serve our patients with professionalism and care, being sure at all times to protect the privacy and security of all Protected Health Information.

During the course of serving your interests, it may be necessary to share information with other healthcare providers. The following are examples of instances where information may be shared:

*Your referring MD

*For payment purposes

* For specific DME (splints) patient informed

We here at Golden Gate Hand Therapy are committed to obeying all Federal, State and Local laws and regulations regarding Privacy Practices. If any other uses or disclosures than the ones listed above are needed, information will only be released with the written authorization of the individual in question. This written authorization may be revoked at any time by the individual, as provided for by law.

If you have any questions or comments regarding your Protected Health Information, feel free to contact Melanie Johnke, OTR/L, CHT at 415-359-1444

I have read and understand the above Notice of Privacy Practices.

Signed: _____ Date: _____