

Integrated Therapy, LLC

2221 Peachtree Road , N.E. Suite D-336 Atlanta, GA 30309-1106

Phone: (404) 351-5307 Fax (404) 351-5308



WELCOME TO INTEGRATED THERAPY, LLC.

We are very excited to meet you and begin your physical therapy services. In order to make your first visit exceptional, please review the following packet.

Your Physical Therapy evaluation will be on _____(day) _____(date) at _____ (time)

in our _____ location. The address and driving instructions can be found on the following page.

The evaluating therapist is _____ and can be reached at _____

We have determined your Co-Pay to be \$_____ through your insurance company or other payment options. However, changes in billing and insurance plans do occur which may affect future payment amounts.

The Physical Therapy evaluation should take about 1 hour. Please arrive before your scheduled time to check in, wear comfortable clothing/shoes and have the attached forms completed. If not, your evaluation time may be delayed or rescheduled.

In addition, please bring the following to your evaluation:

- Swimsuit. Occasionally, the therapist may wish to continue treatment in the pool after the evaluation
- Towel
- Copy of your doctor's Prescription for aquatic physical therapy
- A form of payment if co-pay amount was determined

At the conclusion of the evaluation, your therapist will schedule your next appointment for treatment in the therapy pool.

Feel free to contact us at 404-351-5307 with any questions or concerns. We look forward to seeing you at the pool!

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Locations

ALPHARETTA (Alpharetta Lifetime Fitness) 855 North Point Parkway - Alpharetta, GA 30005

From GA 400 N. Take Exit 11 Windward Parkway, Turn right. Go to the first traffic light, North Point Parkway and turn right. Go approximately 1/4 mi to the first traffic light, Morris Road and turn right. LifeTime Fitness will be in front of you on the left.

ATHENS (YWCO) 562 Research Drive - Athens, GA 30605

Take Athens Perimeter Hwy to the Lexington Rd/Oconee St Exit. Take right off of exit onto Lexington Rd/Oconee St and take another immediate right onto Barnet Shoals Rd. Drive 1.4 miles until you come to the first red light, take a right onto Research Dr. then proceed 0.2 miles to where you will see YWCO on your left.

BUCKHEAD (City Club of Buckhead Athletic Club and Spa)

Atlanta Financial Center - 3353 Peachtree Rd. NE - North Tower, Suite T-01 - Atlanta, GA 30326

(GA-400 N) to exit #2 Lenox Road. Turn right onto Lenox Road towards Peachtree Road. Turn right onto Peachtree Road and pass Lenox Square Mall on the left. The Atlanta Financial Center is on the left. Parking is available in the parking garage. Enter EAST TOWER and make a RIGHT-go down long hall towards the NORTH TOWER. The Buckhead Athletic Club is on the North Tower's Terrace level. You can either take the steps on the right-hand side down 1 level or take elevator (just past the stairs on your left-hand side) down to "T" for Terrace.

DECATUR (Beulah Family Life Center) 2340 Clifton Springs Road - Decatur, GA 30034

From Downtown Atlanta: Take I-20 East to Gresham Road exit. Turn right on Gresham Road. Go approximately 2 miles down and turn left on Clifton Church Road. Turn right on Clifton Springs Road (landmark: Clifton Springs. United Methodist Church), travel approximately one-quarter mile and the church is on the left.

From I-285 take Flat Shoals Parkway/Candler Road exit. Go North onto Flat Shoals Parkway/Candler Road. Turn right at the next light (landmark: QuikTrip), Clifton Springs Road. Travel approximately 2 miles and the church is on the right

DUNWOODY (Marcus Jewish Community Center) Zaban-Blank Building-5342 Tilly Mill Rd - Dunwoody, GA 30338

From I-285: Take North Peachtree toward N. Shallowford Road/Chamblee Dunwoody, exit #30. Go north onto North Peachtree Road. Proceed 1.1 miles to Tilly Mill Road. Turn left at light onto Tilly Mill Road. The Marcus Jewish Community Center is 1 mi on the left.

From GA 400 South: Take Northridge Road Exit #6. Turn right onto Northridge Road. Turn right onto Roberts Drive. Continue to Spalding Drive and turn left. Turn right onto Dunwoody Club Drive and continue for approx. 2 miles. Turn right onto Jett Ferry Road and then take an immediate right onto Mount Vernon Road. Follow Mount Vernon Road for 2 mile to Tilly Mill Road and turn left. The Marcus Jewish Community Center is on the right.

GWINNETT (Lifetime Fitness Sugarloaf) 1823 N Brown Road, NW. - Lawrenceville, GA 30043

From 85N: Take exit 108 for Sugarloaf Parkway. Keep right for Sugarloaf Parkway and turn left onto Sugarloaf Parkway. Turn right N. Brown Road. Lifetime Fitness Sugarloaf will be immediately on your right.

MARIETTA - EAST COBB (Sterling Estates Senior Living Community) 4220 Lower Roswell Rd - Marietta GA 30068

From I-285: Take exit 24 for Riverside Drive. Turn north onto Riverside Dr NW. Turn Left onto Johnson Ferry Rd NW. Turn Left onto Lower Roswell Rd. Proceed on Lower Roswell Rd for 1.1 miles, destination will be on the Left.

From I-75: Take I-75 North for 9.3miles. Take exit 261 for GA-290/E Delk Rd toward Lockheed/Dobbins AFB. Keep right at the fork, follow signs for E Delk Rd and merge onto Delk Rd. Turn Left onto Terrell Mill Rd. Continue straight onto Lower Roswell Rd, in 2 miles take a slight right to stay on Lower Roswell Rd. Continue for 2.3 miles and destination will be on the right.

From GA 400 North: Take exit 5B (Sandy Springs). Merge onto Abernathy Rd NE. Continue onto Johnsons Ferry Rd NW. In 2.8 miles turn Left onto Lower Roswell Rd. In 1.1 miles your destination will be on the left.

The parking for the pool is located to the right of the building. Pull around. Double doors will be at the rear of the building. Proceed through the double doors to the elevator. Take the elevator to Level 1. Exit the elevator to the left, the pool is located in the Wellness Center (follow signs).

MARIETTA - WEST COBB (Sterling Estates Senior Living Community) 3165 Dallas Highway - Marietta, GA 30064

From I-75. Take I-75 to exit 269. Go southeast on Barrett Pkwy for approximately 5 miles. Turn right on GA-120W for 1.5 miles. Make a U-turn at Bob Cox Rd. and Sterling Estates of West Cobb will be on your right.

After turning into the main entrance, go right. After passing the pool, go left and park in the parking lot on the right side of the building. Enter the side entrance into the Wellness Center and the pool will be to your left. The women's and men's locker rooms are located on the left before entering the pool,

ROSWELL (City of Roswell Adult Recreation Center) 200 Dobbs Drive - Roswell, GA 30075

From GA 400 N Take Exit 7A. Turn left (West) onto Holcomb Bridge Road (Hwy 140). Turn Left at the first light Dogwood Rd. Then turn Right onto Grimes Bridge Road. In about 1 mi turn Left on Oxbo Rd. In ½ mi, take the first Right on Dobbs Drive and follow around to pool and parking area.

SMYRNA (Aline Wolfe Adult Recreation Center) Church Street Park - 884 Church Street - Smyrna, Georgia 30080 From I-285: Take exit #15 South Cobb Drive. Proceed North approximately 4 miles to Church Street and turn right. The Aquatic Center is located .25 miles on the right.

From I-75: Take exit #260 Windy Hill Road. Proceed West approximately 4 miles to South Cobb Drive and turn left. Drive approximately 5 miles to Church Street and turn left. The Aquatic Center is located 25 miles on the right.

WATKINSVILLE (Georgia Aquatic Center) 1545S Bishop Farms Parkway - Watkinsville, GA 30677

Take Oconee Connector of 316 going towards Watkinsville. Proceed 5.5 Miles (Road will change to Mars Hill and Experiment Station). Take a Right onto US-129 S/US-441 S for 1.4 miles. Take Right onto New High Shoals Road. Take an immediate Right onto S. Bishop Farms Parkway. GAC is on the left.

WOODSTOCK (Mountain Brook Lifetime Fitness) 14200 Highway 92-Woodstock, GA 30188

From GA 400: Exit onto Holcomb Bridge Road/GA-140 W via Exit 7B toward Roswell (19 mi.); Holcomb Bridge Road/GA-140W becomes GA-92 W. (7.5 mi); Make a Left turn into Life Time Fitness Parking lot. (0.1 mi.).

From 575: Exit 7 off 575 Highway 92. Turn East and travel 4.7 miles. Lifetime Fitness is on the right just before Wigley Road.

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WELCOME TO INTEGRATED THERAPY, LLC

Thank you for choosing Integrated Therapy, LLC. We specialize in Aquatic based physical therapy and are among the nation's largest provider. Our therapists work hard to create treatment plans tailored to the individual in order for you to achieve your goals.

Our goal is to provide you with the highest quality personalized care that you require. If you have any questions, or develop any concerns during your course of treatment here, we ask that you let us know immediately so we can address your concerns right away. Following your initial evaluation, subsequent appointments will be scheduled per your physician's order. Always advise your therapist of any changes in your pain or functional status before your treatment session starts each time.

If you are delayed or late for your appointment, please call your therapist directly. **Please notify your therapist 24 hours before your appointment to cancel and reschedule. If your therapist cannot be reached, please notify the office by leaving a message with the office manager. Failure to notify your therapist or this office of a cancelled appointment may result in a \$30 charge.** You will be responsible for payment of this charge as insurance companies will not pay for missed appointments. We must notify Worker's Compensation insurance companies when patients have missed three scheduled appointments and benefits may be terminated.

We will verify your insurance coverage at the time your first appointment is scheduled. Physical Therapy benefits are different from physician office visits, therefore, co-pays may differ as well as a maximum cap on total charges. As a courtesy, Integrated Therapy, LLC, will pre-certify your insurance before you begin therapy. Co-Payments must be paid to the therapist at the time of each visit. You will be responsible for any amounts not paid by your insurance company. Overdue accounts will be billed interest at the rate of 18% per annum.

If Medicare is your primary insurance, we will bill your secondary insurance, if any, as a courtesy. Secondary insurance usually does not pay for charges not allowed by Medicare and upon denial we will bill you. If you are a Medicare patient, you must see your doctor or receive a re-evaluation 90 days after your initial evaluation. This must be done in order for you to continue with your physical therapy.

If you are seeking therapy due to an automobile accident, you will be responsible for the cost of your treatment unless you provide us with written authorization from an insurance company that they will be responsible for your treatment charges. We will be happy to bill the insurance company, however, you will be responsible for any amounts not paid by the insurance company.

Please bring all insurance cards and your original prescription to your first appointment. Integrated Therapy, LLC, will submit claims directly to your insurance company on your behalf. Integrated Therapy, LLC, will coordinate your therapy appointment at the clinic that is most convenient to you. When you arrive at the clinic for your scheduled appointment, proceed to the pool area to meet your therapist.

We hope you enjoy your time with us and the benefit a therapy performed in the water. Please contact us if you have any questions regarding your course of treatments.

Patient/Responsible Party _____ Date _____

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MEDICAL QUESTIONNAIRE

Name:	Phone:
Emergency Contact:	Phone:

Medications:
Allergies:

Referring Physician:

Do you have a fear of water?, if so explain: _____

Do you have allergies to Chlorine, Bromine or other chemical sensitivities?

Have you had a physical therapy in the past year? Y () N ()

Injury as result of a fall in the past year? Y () N ()

Have you had 2 or more falls in the past year? Y () N ()

Have you had surgery in the past year? Y () N ()

Explain: _____

Please check each item below if you have had experienced. If so, please explain answers briefly/describe other.

- | | | | | | |
|----------------------|--|-------------------------|--|------------------------------|--|
| Allergies | <input type="radio"/> Yes <input type="radio"/> No | Dizzy Spells | <input type="radio"/> Yes <input type="radio"/> No | MRSA | <input type="radio"/> Yes <input type="radio"/> No |
| Anemia | <input type="radio"/> Yes <input type="radio"/> No | Emphysema/Bronchitis | <input type="radio"/> Yes <input type="radio"/> No | Multiple Sclerosis | <input type="radio"/> Yes <input type="radio"/> No |
| Anxiety | <input type="radio"/> Yes <input type="radio"/> No | Fibromyalgia | <input type="radio"/> Yes <input type="radio"/> No | Muscular Disease | <input type="radio"/> Yes <input type="radio"/> No |
| Arthritis | <input type="radio"/> Yes <input type="radio"/> No | Fractures | <input type="radio"/> Yes <input type="radio"/> No | Osteoporosis | <input type="radio"/> Yes <input type="radio"/> No |
| Asthma | <input type="radio"/> Yes <input type="radio"/> No | Gallbladder Problems | <input type="radio"/> Yes <input type="radio"/> No | Parkinsons | <input type="radio"/> Yes <input type="radio"/> No |
| Autoimmune Disorder | <input type="radio"/> Yes <input type="radio"/> No | Headaches | <input type="radio"/> Yes <input type="radio"/> No | Rheumatoid Arthritis | <input type="radio"/> Yes <input type="radio"/> No |
| Cancer | <input type="radio"/> Yes <input type="radio"/> No | Hearing Impairment | <input type="radio"/> Yes <input type="radio"/> No | Seizures | <input type="radio"/> Yes <input type="radio"/> No |
| Cardiac Conditions | <input type="radio"/> Yes <input type="radio"/> No | Hepatitis | <input type="radio"/> Yes <input type="radio"/> No | Smoking | <input type="radio"/> Yes <input type="radio"/> No |
| Cardiac Pacemaker | <input type="radio"/> Yes <input type="radio"/> No | High Cholesterol | <input type="radio"/> Yes <input type="radio"/> No | Speech Problems | <input type="radio"/> Yes <input type="radio"/> No |
| Chemical Dependency | <input type="radio"/> Yes <input type="radio"/> No | High/Low Blood Pressure | <input type="radio"/> Yes <input type="radio"/> No | Strokes | <input type="radio"/> Yes <input type="radio"/> No |
| Circulation Problems | <input type="radio"/> Yes <input type="radio"/> No | HIV/AIDS | <input type="radio"/> Yes <input type="radio"/> No | Thyroid Disease | <input type="radio"/> Yes <input type="radio"/> No |
| Currently Pregnant | <input type="radio"/> Yes <input type="radio"/> No | Incontinence | <input type="radio"/> Yes <input type="radio"/> No | Tuberculosis | <input type="radio"/> Yes <input type="radio"/> No |
| Depression | <input type="radio"/> Yes <input type="radio"/> No | Kidney Problems | <input type="radio"/> Yes <input type="radio"/> No | Vision Problems | <input type="radio"/> Yes <input type="radio"/> No |
| Diabetes | <input type="radio"/> Yes <input type="radio"/> No | Metal Implants | <input type="radio"/> Yes <input type="radio"/> No | Other concerns explain below | |

Explanation:

Patient signature _____ Date _____

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Consent for Treatment and Authorization

Your physician has referred you to Integrated Therapy, LLC. The following information will give you an understanding of our payment and insurance filing policies.

- Insurance: We will file your primary insurance for you if you provide us with the appropriate insurance information. You will receive a statement for the remaining balance after your insurance carrier has paid their portion. The office does not accept responsibility for collecting your insurance claim or for negotiating a settlement on a disputed claim. You are responsible for payment of any amount not paid by your insurance.
- Medicare: We will submit your Medicare claim and accept assignment. Since we are a specialty service, you are responsible for your Medicare deductible and the remainder of the charge. You will receive a statement each month until the account is paid out. You may use a copy of the bill, or the Medicare EOB you receive at the time of service, to file any additional insurance you may have. If you provide us with proper insurance information we will bill your secondary insurance. If you do not have secondary coverage you are responsible for the unpaid balance.
- Worker's Compensation: Please provide us with the proper information required to verify coverage. We will submit all charges to your workman's compensation carrier for payment. If worker's compensation does not pay for your treatment, you will be responsible for the bill.
- Legal Cases: We cannot treat on a contingency basis, therefore, where legal cases are pending settlement, we ask for payment at the time of service.
- Non-covered Treatment: You may request additional physical therapy sessions, which are not covered by your insurance policy. However, you will be responsible for the charges for the entire sessions.

If you have any questions, we will be glad to assist you at 404-351-5307.

Consent for Treatment & Authorization: I do hereby consent to treatment by Integrated Therapy, LLC. I authorize Integrated Therapy, LLC to obtain any information required for my treatment. I assign all insurance benefits to integrated Therapy, LLC and authorize my insurance carrier to pay directly to Integrated Therapy, LLC. I understand that I am financially responsible for services rendered.

Patient Name: _____

Patient or Parent/Guardian Signature: _____ Date: _____

Relationship to Patient: _____

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Patient Consent Form

Our notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by notifying our business office at 404-351-5307.

You have the right to request that we restrict how protected health information about you is disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this consent, in writing, except when we have already made disclosures in reliance on your prior consent.

Responsible Party Name: _____

Signature: _____ Date: _____

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Permission to use attribute, quote, photograph and general release

I, _____, hereby grant Integrated Therapy, LLC (herein "IT") and/or Harriet P. Adams (herein "IT") and/or Harriet P. Adams (herein "Adams") their respective heirs, personal representatives, successors and assigns, permissions to use, copy, reproduce and/or publish a quote, photograph, slide, video, saying, phrase or phrase regarding therapy services offered and to attribute said quote, photograph, slide, video, saying or phrase as originating with me as shown a slide presentation, brochure, flyer for used in advertising, display, website marketing, brochures, mail campaigns and any promotional material and I do further release and discharge the said IT and/or Adams from all liability arising as a result of the use and attribution of said quote, saying, phrase, photograph, slide and/or video.

I will not receive monetary compensation for the use, publication or attribution of said quote, slide, video, photograph, saying or phrase. I hereby state that I am over the age of eighteen years and that I have the legal right to execute the foregoing document.

Print Name: _____

Signature: _____

Date: _____

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Credit Card Payment Authorization Form

Sign and complete this form to authorize Integrated Therapy, LLC. to make regularly scheduled charges to your checking/savings account or credit card debit to yo listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for therapy services only, and does not provide authorization for any additional unrelated debits or credits to your account. In addition, therapy appointments must be cancelled within 24 hours. Failure to notify Integrated Therapy of a missed or cancelled appointment may result in a \$40.00 charge.

Please complete the information below:

I _____ authorize Integrated Therapy, LLC. to charge my credit card
(full name)

account indicated below for _____ .

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name	_____
Account Number	_____
Expiration Date	_____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.