

The Body's Wisdom, LLC

Date: _____

Patient Info:

Legal Name: _____

Preferred Name/Nickname: _____

Contact Person (if patient is under 18): _____

Cell phone # _____ (Confirmation texts will be sent to this #)

Alternate phone # _____ Work Phone # _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Patient Date of Birth: _____

Sex: Male / Female / AMAB / AFAB Pronouns: _____

Diagnosis or reason for treatment: _____

Are you currently receiving Occupational Therapy (OT) Services? _____

If yes, where? _____

Have you had an OT evaluation within the past year? Y / N When? _____

Primary Physician/Provider Name: _____

Provider phone number: _____

How did you hear about us? _____

OPTIONAL Contactless Payment: By completing the credit card information below I authorize The Body's Wisdom to charge this card for services received or missed appointments without 48 hours notice. [_____ *Initial here* to give consent for credit card to be kept on file.]

Credit Card # _____

Expiration date: _____ CV _____

OFFICE USE ONLY:

Diagnosis code: _____ CPT code: _____

IC: _____

The Body's Wisdom, LLC

1257 Southford Road Southbury, CT 06488 (203) 262-0303 thebodyswisdom.net

Welcome! The Body's Wisdom, established in 2003, is a small private practice with a focus on treating patients across the lifespan with a variety of diagnoses. Our two occupational therapy providers, founder Tamara "Tammy" Kichar-Barry, OTR/L and Elizabeth "Betsy" Daniels, COTA/L, CCAATF, strive to look at the whole person and provide a holistic approach to help patients achieve their treatment goals.

Services at The Body's Wisdom are self-pay. Payment is due at the time of treatment. The Body's Wisdom accepts cash, check, all major credit cards, and HSA cards. Services provided by The Body's Wisdom do not typically follow a "short-term rehabilitation approach." Therefore, our services may not qualify for insurance reimbursement because of specific insurance requirements. Since we are **non-participating with insurance**, under very limited circumstances, a patient may be able to submit for direct reimbursement from the insurance carrier.

Confirmations, Cancellations and No Shows Policy: We kindly ask that you confirm your appointment. You will receive a confirmation text message two business days prior to your appointment. You can confirm by simply replying to the text with a Y. Please reply N if you are unable to keep your appointment. By confirming your appointment you are responsible for payment. There will be a fee relevant to your appointment slot for all no shows and/or cancellations without 48 hours notice. If we do not receive confirmation, we reserve the right to give your appointment to another patient. This ensures that all patients can receive appointments in a timely manner.

Please sign below indicating that you have read and understand the policies of The Body's Wisdom regarding payment, billing options, and cancellations. Your signature will also serve as an acknowledgment of the HIPAA privacy act.

Thank you for choosing us. We look forward to working with you.

Signature of patient/guardian

Date

Printed name: _____