



Helen M. Sarandrea P.T., PLLC
Physical Therapy & Sports Care

Medicare Patients:

*"I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original, and I request payment under the Medical Insurance program to be made to **Helen M. Sarandrea, P.T.** on any bills for services furnished by that provider during the period from initial visit to discharge visit."*

I understand Medicare Part B pays 80% of the allowable charges with a CAP of \$2,010.00 per year for outpatient physical therapy given by a private practicing physical therapist. The remaining 20% of the allowable charges and any or all of the remaining yearly deductible are my responsibility. I understand that I will be responsible for any charges that exceed the \$2,010.00 CAP that Medicare and/or my secondary insurance does not cover.

Patient Signature: _____ Date: _____

Medicare Intake Sheet

Name: _____ Date: _____

On a scale from 1 to 10, with 1 being very confident and 10 being not confident at all, how confident are you that you can perform the following activities without falling?

Activity	Score (Circle one) 1 = Very Confident 10 = Not At All Confident
Take a bath or shower	1 2 3 4 5 6 7 8 9 10
Reach into cabinets or closets	1 2 3 4 5 6 7 8 9 10
Walk around the house	1 2 3 4 5 6 7 8 9 10
Prepare meals (not requiring carrying heavy or hot objects)	1 2 3 4 5 6 7 8 9 10
Answer the door or telephone	1 2 3 4 5 6 7 8 9 10
Get in and out of chair	1 2 3 4 5 6 7 8 9 10
Getting dressed and undressed	1 2 3 4 5 6 7 8 9 10
Personal grooming (i.e.: washing your face)	1 2 3 4 5 6 7 8 9 10
Getting on and off toilet	1 2 3 4 5 6 7 8 9 10
Get in and out of bed	1 2 3 4 5 6 7 8 9 10
Total Score	

