

Activation Form

Date:

11/15/2017

Staff Name :

Sudeep

Contact Method :

Referral

A. INTRODUCTION FOR ALL CALLS

(A1) Thank you for calling Advanced Physical Therapy Of Central Florida , how can I help you?

(A2) May I have your name? fdsf dfgdfg

(A3) What is the best phone number at which to reach you? (546) 464-6464

(A4) dfg, dgfdgdf, gdfgdfg, 1,
And may I have your address? 65465

IF THEY ASK WHY: We want to get you to the office closest to your home.

(A5) And may I have your birthdate as well? 04/12/2000

(A6) Okay, fdsf dfgdfg how did you hear about us?

Attorney

(A7) Very good, welcome to Advanced Physical Therapy Of Central Florida

my name is, Sudeep

(A8) What exactly is wrong and how can we help you? Pain

(A9) Alright, and are you currently under the care of a physician for this problem?

☒ **Yes** ☐ **No**

(A10) May I have his or her name please? Peter Dewire

(A11) Do you know the name of your doctor's group or their phone number?

(A12) When did your Pain happen? 11/15/2017

(A13) And are you experiencing a lot of Pain , medium or a little bit?

A Little Bit

- (A14) I'm sorry to hear you're experiencing so much Pain _____ We'll try to get you in as soon as possible. Are you seeking in home care or would you be coming to us?
☒ HomeCare ☐ Out Patient

B. FOR HOME HEALTHCARE ONLY

- (B1) Okay, what city do you live in? gdfgdfg
- (B2) Is it difficult for you to leave your home? ☒ Yes ☐ No
- (B3) Do you use a cane, walker or wheelchair? ☐ Cane ☐ Walker ☐ Wheelchair ☐ None
- (B4) How often do you leave the house for social functions? _____
- (B5) And do you drive or does someone take you?
☐ Drive By Myself ☐ Drive By Someone
- (B6) Do you need the help of another person to safely leave your home? ☐ Yes ☐ No
☐ Sometimes
- (B7) ☒ Eligible for HomeCare ☐ Or Not Eligible It sounds like you may be better suited for treatment in our outpatient clinic.
- (B8) **ELIGIBLE:** Okay, it sounds like you may be eligible for home care.
- (B9) Do you have medical insurance? ☒ Yes ☐ No
- (B10) Okay, what type of insurance do you have? fvg
- (B11) Do you have your card handy? May I have the policy number? rtret
- (B12) And is there a group number? reytrey
- (B13) Thank you for this information. I'm going to have our home care specialist call you back as soon as she can to set up all of your services. Does that work okay for you? Great! Thank you for calling and have a wonderful day.

Now how do you intend to pay for your services?

J. ADVANCED PHYSICAL THERAPY & QUICK CARE PATIENTS HEAR 'APPLE'

- (J1) **(Attire)** Since it is your (body part) I'd like for you to wear (tank top/shorts/loose clothing) so

its easier for you to participate in your exam. We do have gowns available but they're not quite as comfortable as your own clothes.

(J2) (Paperwork Via Email) Would you like me to email you the paperwork? ☐ **Yes** ☐ **No**

What is your email address? advancephysicaltherpay@gmail.com

(J3) (Payment) Also remember to bring some form of payment like check, card, or cash. If for any reason you feel like your deductible or co-insurance is too high, don't worry; we have programs available for that.

(J4) (Late) Also, don't be late; we have a pretty strict late policy and we'll have to reschedule if you are late.

(J5) (Early) Also, since you are using insurance and there's paperwork involved, come 20 minutes early before your appointment; that way we can take care of all those things.

(J6) So we'll see you on 11/15/2017 12:00:00 AM Okay fdsf dfgdfg ;
it was nice talking to you and we look forward to seeing you soon. Have a wonderful day!