30 Controls Dr Shelton CT 06484
203-513-8524 Fax – 203-712-7320
www.movingwithhope.org

Physician's Clearance Form

Please return this form to:
MovingWithHOPE
30 Controls Dr Shelton CT 06484
203-513-8524 Fax – 203-712-7320

Date _____
Patient's Name _____ Age _____
Patient's Address _____
Date of last physical examination _____

_____ This patient may participate fully in an intensive physical exercise program consisting of cardiovascular, strength, flexibility and load bearing training of both the upper and lower extremities without limitation.

_____ This patient may participate in an intensive physical exercise program with the following limitations and/or recommendations:
_____
_____
Please include a brief description of any medical condition(s) that may affect her/his participation in an intensive exercise program:
_____
_____

If this patient is on any medication that may affect the heart rate or the blood pressure to response to exercise (elevating or suppressing), please indicate:
I consider the above individual to be: _____ normal
_____ cardiac patient
_____ coronary heart disease
_____ other (explain)

Please fill in the following information if available:
Blood Pressure _____
Glucose _____
Total serum cholesterol _____
HDL-C _____ LDL-C _____
Triglycerides _____

Physician's Name _____ Date _____
Physician's Signature _____

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*Note – this record must be stamped with a physician's official stamp or be accompanied by a typed letter on physician's letterhead, documenting that a medical evaluation has been performed on named client. THE PHYSICIAN'S CLEARANCE FORM WILL NOT BE ACCEPTED WITHOUT SUCH PROPER VERIFICATION.

Required – Bone Density Test & Results

Before we can see any new SCI client, he or she must have a bone density test (also called a Densitometry or DEXA scan) performed and have the results sent or faxed to us. This is very important, so we know if there is increased risk of fracture due to osteopenia or osteoporosis. It's also important that you know this, too, for your general health and well-being. We recommend the same bone density assessment for all post-menopausal women.

Please be sure that it includes testing and T scores of the following:

- **Lumbar spine**
- **Right and Left Hips**
- **Greater Trochanter**
- **Distal Femur**

If you have had a bone test performed in the last 12 months, you don't need to have another one done, but you do need to send or fax us the results.

Follow-up requirements for subsequent testing will be determined by these initial test results.

We need to have this report prior to scheduling your evaluation appointment.

Thank you.

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Waiver & Release from Liability

I, _____, ("Client") HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge MovingWithHOPE ("the Company") and its agents, employees, directors, affiliates, successors and assigns, of and from any all claims, demands, contracts, expenses, causes of action, lawsuits, damages, and liabilities of every kind of nature, whether known or unknown, in law or equity, that Client has had or may have, arising from or in any way related to Client's participation in any of the events of activities conducted by or on the premises of or for the benefit of the Company.

I represent that I am in satisfactory physical condition to participate in the Company's program and activities. I authorize any person connected with MovingWithHOPE to administer first aid to me, as they deem necessary. I authorize medical and surgical care and transportation to a medical facility or hospital for treatment necessary for my well-being, at my expense.

Client acknowledges that any activities Client participates in can be an extreme test of Client's physical and mental limits and carry the potential for severe physical injury. Client hereby assumes the risks of participating in any and all of the Company's activities and functions. Client certifies that Client is able to participate in the Company's programs and has not been advised otherwise by a qualified medical professional. Client understands that the information and treatments obtained by participating in the Company's events and activities do not constitute medical treatment, diagnosis or advice. Client understands that Client should seek the advice of a physician or other qualified health provider if Client has questions about medical condition(s). Client understands that a bone density scan is required prior to participating in Company's programs, and that the bone density scan results will be shared with the Company.

Client certifies that in consideration of becoming a client of the Company's program, Client hereby takes the following action for itself, its executors, administrators, heirs, next of kin, successors and assigns:

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Client waives, releases and discharges from any and all claims or liability for any loss, damage, theft or injury of any kind which arise out of or are related to Client's participation in, or its traveling to and from the Company's facilities; including but not limited to: 1) any known and unknown, foreseen and unforeseen body and personal injury, 2) loss of life, and 3) any attorney's fees, costs, expenses, or charges sustained, directly or indirectly, or alleged to have been sustained, or in any fashion, arising from, in connection with, or resulting from its participation in the Company's programs or activities, even if due to the negligence of the Company or any employee, volunteer, director, officer, client, owner or agent thereof.

Client will indemnify and hold harmless the Company and any and all employees, volunteers, directors, officers, clients, owners and agents thereof from any claim, demand, and/or cause of action of any nature whatsoever, related to the Client's participation in the Company's programs and activities, even if due to the negligence of the Company, including but not limited to any and all losses, liabilities, damages, costs and expenses (including reasonable attorney fees) arising out of such actions.

Client agrees that Client, Client's family members, and any guests and invitees shall be bound by this agreement and the Company's policies, rules and guidelines. Client agrees that the Company's policies, rules and guidelines may be revised, supplemented, or amended in the sole and absolute discretion of the Company, and that any changes shall become immediately effective upon posting in the Company's facilities.

Client further expressly agrees that the foregoing waiver and release from liability agreement is intended to be as broad and inclusive as permitted by the law of the State of Connecticut. Client has read this waiver and release from liability and indemnity clause, and agrees that no oral representations, statements or inducements apart from this agreement have been made. The Company makes no warranties or representation, express or implied, other than those set forth herein. IN NO EVENT SHALL THE COMPANY BE LIABLE FOR ANY SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGES.

This agreement shall be construed in accordance with the laws of the State of Connecticut, without regard to the conflicts of law provisions thereof. Any controversy, claim or dispute arising out of or relating to this agreement shall be settled by a retired Judge of the Superior Court of the State of Connecticut chosen by the Company. The parties agree to abide by all decisions and awards rendered in such proceedings. Such decisions and awards rendered by the Arbitrator shall be final and conclusive and may be entered in any court having jurisdiction thereof as a basis for judgment and of the issuance of execution for its collections. All such controversies, claims or disputes shall be settled in this manner in lieu of any action at law of equity, provided however, that nothing in this subsection shall be construed as precluding bringing an action for injunctive relief or other equitable relief. The arbitrator shall not have the

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right to award punitive damage or speculative damages to either party and shall not have the power to amend this agreement. IF FOR ANY REASON THIS ABRITRATION CLAUSE BECOMES NOT APPLICABLE, THEN EACH PARTY, TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, HEREBY IRREVOCABLY WAIVES ALL RIGHT TO TRIAL BY JURY AS TO ANY ISSUE RELATING HERETO IN ANY ACTION, PROCEEDING OR COUNTERCLAIM ARISING OUT OF OR RELATING TO THIS AGREEMENT OR ANY OTHER MATTER INVOLVING THE PARTEIS HERETO.
I HAVE READ THE PREVIOUS PARAGRAPHS AND I KNOW, UNDERSTAND AND APPRECIATE THESE AND OTHER RISKS THAT ARE INHERENT IN THE PUSH TO WALK PROGRAM. I HEREBY ASSERT THAT MY PARTICPATION IS VOLUNTARY AND THAT I KNOWINGLY ASSUME ALL SUCH RISKS AND ENTER INTO THIS WAIVER AND RELEASE FROM LIABILITY VOLUNTARILY. I FURTHER UNDERSTAND AND AGREE THAT THIS AGREEMENT SHALL ALSO BE BINDING ON MY HEIRS, ASSIGNS, SUCCESSORS AND ALL OTHER PERSONS WHO MAY CLAIM THROUGH ME.

All notices to the Company shall be mailed (certified or registered, return receipt requested) to MovingWithHOPE 30 Controls Dr Shelton CT 06484. If any part of this agreement is held by a court of competent jurisdiction to be void and unenforceable, the remainder of the terms and provisions of this agreement shall remain in full force and effect and shall not be affected.

Client Name _____

Client Signature _____

Date _____

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Payment Policies

Updated 6/8/2020

Hourly fee:
$55.00 for bundled Services to include
FES, ABRT, Cloud-based Cognitive and Speech Therapy
Licensed physical and occupational therapy is provided through all traditional insurances except when Medicaid is the primary.

All clients will be billed in advance for the next months services. Payments must be made by cash, MC/VISA/Discover or check. Sessions and hours will be billed based on actual attendance. Clients must inform MovingWithHOPE prior to the first of the month if a known appointment time cannot be kept for scheduling purposes.

Every client will be required to provide a valid credit card and keep it updated to pay any invoice that is past 30 days due. **Credit cards will ONLY be billed in these cases, and will not be taken for regular, on-time payments.**

Any session cancelled MUST be made to the office phone number (203-513-8424). If no one answers, you must leave a message. E-mails, text messages and calls to staff cell phones are not acceptable and are not valid for cancellation purposes, unless a true emergency exists.

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Exception – if MovingwithHOPE is closed due to bad weather, or if the roads are unsafe for travel, clients will not be billed for sessions missed.

Invoices are prepared on the last day of the month. Payment is due by the 10th of the month following receipt of the invoice.

Client Name _____

Client Signature _____ Date _____

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Credit Card Agreement & Information for Clients

This agreement is between MovingWithHOPE and

_____

(Name of client – please print)

The following credit card information is provided and will be used ONLY if payment is not made within 30 days of billing.

Name on Card:_____

Billing Street Address: _____

City: _____ State:_____ Zip:_____

Type of Card:_____ Credit Card #:_____

Expiration Date:_____ Security Code:_____

Client Signature _____ Date: _____

Credit Card Holder Signature _____ Date: _____

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For those clients using our physical therapy, occupational therapy and are covered by Major Medical MovingWithHOPE will prepare and send monthly invoices to the designated insurance company handling the above client's case to include Worker's Comp case and will accept payment from the insurance company.

However, the responsibility of payment for services ultimately lies with the client. If, for whatever reason, the insurance company does not pay, the client accepts complete responsibility for making payment in full within 10 days of notification that a balance is due.

By signing this Agreement, client acknowledges understanding of this policy and agrees to its terms.

Signature_____ Date _____