



**150 Lincoln Street Lander, WY 82520**  
**Phone: 307-335-5188 Fax: 307-333-0600**

**Ty Francis MPT, ATC, CSCS    Jessica Kotnour, DPT**  
**Susanne Scheidemantel, PTA**  
**Emilee King-Office Manager**

Thank you for choosing Wind River Therapy LLC for your Therapy needs. We are excited to help you through your rehabilitation process. With our highly skilled therapists and our one on one approach for each visit we feel we can help you accomplish the highest functional outcome.

Please use the check list below to ensure that we have all of the proper paperwork in place to start your therapy.

- 1. Intake Form
- 2. Medical Questionnaire
- 3. Financial Responsibility Agreement
- 4. Notice of Privacy Practices/HIPPA
- 5. Cancel/No Show Policy
- 6. Assignment of Payment
- 7. Medication List requires frequency and dosage (you can request a copy from your Dr. and have it faxed to us at **307-333-0600**), or write it out yourself.
- 8. Copy of Insurance Card(s) (we can copy in office)
- 9. Copy of Photo ID (we can copy in office)
- 10. Consent of release of information or clinical records. **\*\*for surgical patients with operative reports\*\***  
**This will allow your PT to review your surgical reports. Or you may ask your physician for a copy.**
- 11. RX

If you have any questions about any of these forms please contact our office at **335-5188** prior to your first appointment. If you need assistance with any of these forms please call and schedule a time so we can work with you. Thanks again for choosing WRPT for your Therapy needs. We look forward to working with you.

Thank You,

Wind River Physical Therapy Staff