

About Us

Gallien Therapy Services was formed in June of 2005. It was a merger of Digame Speech and Language Consultants and RPM Physical Therapy. Digame was owned and operated by Pam Gallien. The company had been serving Otero County's speech language and swallowing needs for 20 years. RPM Physical Therapy was founded in March of 2004 by Ron Gallien and serviced Lincoln County.

It was felt by merging the two companies; Gallien Therapy could offer the people of the Tularosa Basin the best in rehabilitative services. Orthopedic physical therapy and a wide range of speech therapy services are available.

Our mission is to provide our patients with the best possible care to maximize their strengths, enable them to reach their fullest potential, and enhance quality of life. We work closely with your physician to ensure the best possible rehabilitation outcome.

The company takes most major insurances, including but not limited to: United Healthcare Military & Veterans (Tricare), Blue Cross Blue Shield, Presbyterian, Molina, Centennial Care, Medicare and Workers Compensation.

Physical Therapy Program

Gallien Therapy has only one focus: Orthopedic Physical Therapy. By specializing in just this one field of practice, we can provide our patients the most specialized care after an orthopedic injury or accident. We feel that having one focus leads to a better outcome for our patients.

Gallien Therapy understands the significance of each patient's surgery after an orthopedic injury. Every person is unique and their rehab must reflect that fact. Our therapists tailor an individualized treatment plan for each patient. We know that rehabilitation is a team effort with patient, physician and physical therapist working together to gain the best results.

Speech Therapy Program

Communication is the essence of life. Gallien Therapy understands the fact and offers the most advance treatment for speech, language and swallow disorders for patients of all ages. Whether it is loss of speech after a stroke or inability of a child to pronounce words appropriately, we have a program to help.

Imagine not being able to share a cup of coffee with a friend, or being a child and never enjoying a peanut butter and jelly sandwich. The inability to swallow is devastating. Gallien Therapy has the most comprehensive dysphagia program in Otero County. We offer Neuromuscular Electrical Stimulation which is the latest technology for treating patients with swallowing problems (dysphagia).



Name: _____ Nickname (if any): _____

Parent or Guardian / Relationship (if minor): _____

Gender: Male Female Date of Birth: _____

Social Security Number: _____

Address: _____

Mailing Address (if different): _____

Phone Number: _____

Emergency Contact Name / Phone Number: _____

Email Address: _____

Would you like to receive appointment reminders? (Text / Voicemail / Email)

Yes No

Primary Insurance: _____

Secondary Insurance: _____

Additional Insurance Plans: _____

Policy Holder if other than self - Name: _____

Gender: Male Female Date of Birth: _____

Social Security Number: _____

Address: _____

Reason for referral (problem or injury): _____

Cause of injury or problem if known: _____

Referring Physician: _____

Are you currently receiving home health services? Yes No

List of Current Medications: Not currently taking any medications
(Please note a list of medications is a Medicare requirement)

Allergies (ex: latex, food, medications):

I give my consent for Gallien Therapy to provide medical care. I also give consent for Gallien Therapy to bill my insurance company for services provided.

Signature:

Date:

Authorization for Release of Information to Family Members

Patient Name: _____

Date of Birth: _____

Many of our patients allow family members such as their spouse, parents or others to call and request medical or billing information. Under the requirements of HIPAA we are not allowed to give this information to anyone without the patient's consent. If you wish to have your medical or billing information released to family members you must sign this form. Signing this form will only give information to family members indicated below.

I authorize Gallien Therapy Services to release my medical and / or billing information to the following individual(s):

1. _____ Relation to Patient _____

2. _____ Relation to Patient _____

3. _____ Relation to Patient _____

Patient Information

I understand I have the right to revoke this authorization at any time and that I have the right to inspect or copy the protected health information to be disclosed.

I understand that information disclosed to any one listed above is no longer protected by federal or state law and may be subject to re-disclosure by the above recipient.

Signature _____ Date: _____

Gallien Therapy

Cancellation Policy

Gallien Therapy holds the belief that the success you achieve in therapy begins with the consistency of treatment. Therefore, we are committed to doing our best to be here to treat you every day. We also believe that mutual trust is the key to good relationships and we trust that you will place the utmost importance on maintaining your appointments as well.

Understanding the importance of consistent attendance, Gallien Therapy requires a 24 hour notice for the cancellation or re-scheduling of a scheduled appointment. There is a \$25 charge for a no-show or cancellation without proper notice. This charge WILL NOT be covered by your insurance and will be billed directly to you, the patient. This fee must be paid prior to being seen for your next scheduled appointment.

We understand that extenuating circumstances may occur and require cancellation within the 24 hour period. Reasons for absence should be limited to patient or child illness or other family emergency situations. In these emergency situations, the \$25 fee may be waived. The determination of an emergency shall be at the sole discretion of Gallien Therapy.

If you should happen to no-show without notice 3 times, or are absent for more than 20% of your scheduled appointments over the course of treatment, your therapist may discharge you from therapy and no further visits will be scheduled.

Lateness Policy

It is equally important that you be on time for your scheduled appointment. You are welcome to call in advance to request an earlier or later time. We will be happy to honor your request if other appointment times are available. If you arrive late, your session may be shortened as to not adversely affect the treatment time of the appointment that follows yours. If you are more than 10 minutes late for your scheduled appointment, your therapist may determine insufficient time is available to adequately treat you that day, and your appointment may be cancelled.

We take these policies seriously because three people are adversely affected when you miss a treatment:

1. You the patient- for not receiving the treatment you need
2. Your therapist- as now he or she has a gap in their schedule
3. Another patient- who could have had your appointment time to get treatment

We appreciate your understanding in this matter.

I have read and fully understand these policies

Print name of patient/ Guardian

Date of Birth

Signature of patient/ Guardian

Date