



Welcome to our Physical Therapy practice!

We understand that you have various options in selecting a healthcare provider and we are honored that you have chosen us for your new path towards healing. Our compassionate staff is committed to providing our patients with the highest quality of care possible.

Please initial:

_____ **Consent to Treatment:** I hereby consent to evaluation and treatment by my physical therapist.

_____ **Medical Release:** I hereby give permission to release my medical information to my insurance company, physician, attorney, assignees, and/or beneficiaries.

_____ **Assignment of Benefits:** I authorize payment of my insurance benefits directly to my physical therapy provider for all services rendered. This assignment will remain in effect until revoked by me. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize said assignee to release all information necessary to secure payment.

_____ **HIPAA (Health Insurance Portability and Accountability Act):** This authorizes that I have been given and read the Notice of Privacy and Practice Act.

_____ **No Show Policy:** After your second No Show, you will be discharged from Therapy.

_____ **Financial Policy:** Understanding our financial policy is an essential element of your care. This authorizes that I have been given and read the Financial Policy. Please ask if you have any questions about our fees, our policies, or your responsibilities.

_____ **Minor Consent:** For clients age 17 and under if both client and parent/guardian are comfortable with the child being in the session room by themselves, please initial here _____.

By signing below, I state that I have read and/or been advised of the above policies.

Patient Name: (please print): _____

Signature: _____ Date: _____

Financial Policy & Summary of Billing Procedures

Insurance. We participate in most insurance plans including Medicare. If you do not wish to use your insurance and/or are not insured by a plan we do business with, payment in full is expected. If you are insured by a plan we do business with and wish to use your insurance, a copy of your insurance card is required and it must be up-to-date. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage. All patients must complete our patient information form before seeing our providers.

Co-payments and deductibles. All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company & we are obligated by law to collect at each visit.

Non-Covered services. Please be aware that some or all of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of the visit.

Claims submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their requests. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays. Your insurance benefit is a contract between you and your insurance company; we are not a party to that contract.

Coverage changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

Nonpayment. If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if your balance remains unpaid, we may refer your account to a collection agency.

Missed appointments. Our policy is to charge for missed appointments not cancelled within a reasonable amount of time. Please help us to serve you better by keeping your regularly scheduled appointment.

Cash for services. We are committed to fair and reasonable fees. Part of our fees and charges are calculated to pay for the office cost of submitting claims, the delay in payment from these agencies, and the claim denial and/or non-recovery of charges. With these factors taken into consideration, we have calculated a cash in full, up-front discount for fees.

Medicare: Medicare will pay for 80% of allowable charges after the deductible for Part B services has been met. Medicare has established a cap on physical therapy services. As a result, they will pay only up to the designated cap & the remainder will be your responsibility. As a courtesy to you, we will bill your secondary insurance to recover the additional 20% and/or deductible. If you do not have a secondary insurance or if they do not pay, you will be responsible for the balance. Medicare also requires your physician to certify a plan of care every 90 days. After my initial visit and every 90 days thereafter, we will send a POC to your physician for approval and signature. Failure of your physician to authorize care may result in Medicare denying payment thus shifting financial responsibility on to you.

Commercial Insurance: You are responsible for your co-payment, co-insurance, and any outstanding deductible that may be due. We will bill your insurance & make every effort to collect on your claim. You will remain responsible for any and all fees not paid by insurance, outside of contractual adjustments made by my insurance company.

Workers Compensation: You will pay nothing out-of-pocket as long as your carrier pre-authorizes treatment.

MVA (Motor Vehicle Accident): We will bill your automobile insurance for services rendered. If benefits become exhausted, we will bill your primary insurance. At that point, the guidelines for commercial insurance as stated above will be followed.

Litigation: If my treatment is related to an injury or accident that involves legal proceedings, our policy is to not wait for settlement or payment. Therefore, you are responsible for payment at the time of service.

Proximal 50 Life Center is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for understanding our financial policy. Please let us know if you have any questions.

I have read and understand the payment policy and agree to abide by its guidelines:

Signature of Patient or Responsible Party

Date