

GENERAL POLICIES AND PROCEDURES

We want to inform all our patients of their responsibilities and the general policies of our clinic, so that they can be an informed customer of physical therapy. We know the paperwork required can be cumbersome, but please take the time to read and understand the information contained below. Thank you. If you have any questions, please feel free to ask any of our helpful staff.

CONSENT TO TREAT

As a patient, you have the right to receive the treatment prescribed by your physician. Your therapist will explain the treatment to you and is willing to discuss the reasons for their implementation. You may refuse any treatment or modality at any time. Please be complete in reporting your past medical history so that the therapist can be aware of any other health concerns you might have that would affect your treatment regimen.

REIMBURSEMENT

We will seek remuneration for our services, as would any other service-oriented business. Our charges are generally internally determined, but insurance carriers and federal and state governments regulate reimbursement rates.

We have adopted a fee schedule for our payors that is based on not only usual and customary fees, but on costs of operation, education-based associated costs, general market trends, and company goals. Aside from billing health insurance carriers (Payors), we will seek payment for services directly from patients or the responsible individual(s).

We will bill patients directly in those cases where insufficient, incorrect or fraudulent billing information has been provided. We also reserve the right to bill patients directly for services rendered (after our efforts have been unsuccessful to obtain payment from a payor). These accounts not paid within 90 days of billing will automatically be sent to collections and possibly an outside agency unless other terms are agreed upon.

INDIVIDUALIZED BENEFITS

Insurance companies, health management organizations (HMOs), and other carriers have different benefits outlined for their clients. We will give due diligence confirming individual PT benefits and communicating those details to the patient as they were communicated to us. Ultimately, however, it is the patient's responsibility to be familiar with the physical therapy benefits and their portion (if applicable) pertaining to their policy. We will address the situation on an individual basis if a person's need for therapeutic services exceeds their benefits.

OTHER THIRD PARTY PAYORS AND LIENS

Liens may be accepted on an individual basis, but will be approved generally upon past experience with the attorney, law firm, or patient. If a settlement reached, a statement of disclosure will be required.

CO-PAYS

We are obligated to abide by the terms of our agreements with payors, and thus we must collect your co-pay as part of the service. If you have a hardship, please let us know, and we can set up a payment plan that would be amenable to your ability to pay.

MEDICARE PATIENTS

Due to the Balanced Budget Act of 1997 and as of Jan 1, 2017, Medicare outpatient benefits are limited, and a cap on outpatient benefits is in place: it is now \$1980 annually per beneficiary. With lobbying efforts, the American Physical Therapy Association (APTA) has been successful in achieving an exceptions process for those with certain

diagnoses to exceed the cap. Aside from the cap, Medicare requires every beneficiary to meet their deductible, and then Medicare covers outpatient therapy services at 80% / 20% up to the amount of the cap. Upon agreeing to accept patients under Medicare coverage, we are obliged to abide by their regulations, fee schedule, benefits cap and other policies including collecting of deductibles.

Additionally, Medicare does not cover certain supplies or equipment which may be used in your care. Due to Medicare regulations, you must sign an Advanced Beneficiary Notice (ABN) form prior to admission. If you would like to see these policies change, you are encouraged to contact your elected representatives in the United States Congress to voice your concerns.

TEAMWORK/PARTNERSHIP POLICY

It is our intent to provide the highest quality care possible. In addition to the therapist and staff, the patient plays a vital role in helping restore normal function. After the initial evaluation, the therapist develops a plan of care and sets short and long-term therapeutic goals. These goals relate to your daily function and are necessary in determining your progress in therapy, continuation of authorization and discharge from physical therapy care. Please take an active role in helping develop goals that you want to achieve. You can accomplish this by not only stating your personal goals, but by participating in the exercises you perform in the clinic and by being compliant with those issued for home. In a sense, we are partners with you in helping you get back to what you want to do.

CANCELLATION/NO-SHOW POLICY

We are happy to schedule your appointment at a time that is convenient for you. We believe that you deserve to receive the treatment you have been prescribed. We have an obligation not only to you, but also to those involved in your care. In cooperation with you and your physician, as well as with the insurance carrier, we will establish a treatment plan that will help you reach your goals. In order to provide the best care possible, we ask that you come to all your scheduled appointments.

Other patients also deserve equal treatment, and so we ask that you comply with the Dr.'s prescription and come in at the indicated frequency (or that which is determined by the therapist).

If something prevents you from keeping your appointment, please call within 24 hours of your appointment. We realize that not all situations can be accommodated in that period of time. If you do miss an appointment, or have to reschedule one, we ask that you schedule another time that same week. Your physician and therapist feel you need to attend your prescribed visits in order to help you achieve your goals. We will do our best to schedule a "make-up" appointment at a time that is convenient for you, but we ask that you be prepared to be as flexible as to the time slot due to other patients already having reserved their appointments.

If there is a cancellation without 24 hours notice or a no-show, we reserve the right to charge a \$41 office visit charge to make up for the time we would have been able to see someone else in that time slot. If the behavior persists, you will lose your choice of scheduled times and/or be discharged from our care to non-compliance.

Worker's compensation: worker's compensation carriers will not pay for a missed appointment visit charge. Therefore, you will be held responsible for those charges. Additionally, you may forfeit your benefits under your claim.

By initialing below, you confirm that you have read and understand the policies as described above.

Initial (Patient or responsible party) _____ _____ _____
Date Witness(staff) Date