

# PhysioLogic

## PHYSICAL THERAPY, PC

The leading-edge therapy doctors and patients trust

### **Cancellation Policy:**

- 24-Hour notice is expected for any cancellation. Failure to do so will result in a charge TO THE PATIENT for \$25.00
- All cancellations and no-shows will be documented in your medical records, which will be accessible to your physician and insurance company/third party payor.

### **Insurance Policy:**

- This office will submit bills to your insurance company for all services rendered.
- **Patients will be responsible for deductibles, co-payments, and any other outstanding balance** that is not covered by your insurance company.
- **All co-payments must be paid at the time of your visit unless otherwise arranged with the billing manager.**

### **Workers Compensation & No Fault Patients:**

- It is your responsibility to inform us if you are scheduled to have an independent medical exam (IME) with a doctor from your insurance company

### **Informed consent for treatment:**

- The term “informed consent” means that the potential risks, benefits, and alternatives of physical therapy treatment have been explained to me. The therapist provides a wide range of services and I understand that I will receive information at the initial visit concerning the treatment and options available for my condition.

### **Potential risks:**

- I may experience an increase in my current level of pain or discomfort, or an aggravation of my existing injury or condition. This discomfort is usually temporary, if it does not subside in reasonable time period, I agree to contact my physical therapist.

### **Safety Policy:**

- Children under the age of 18 who are not being treated must be supervised at all times by a parent/guardian.

### **Medicare Policy:**

- Medicare patients must meet their yearly deductible and are responsible to pay the 20% balance
- If you have secondary insurance we will bill your secondary insurance company once the Medicare payment has been received by our office.
- Treatment cannot be rendered without a valid physical therapy prescription.
- Medicare also states that claims will be denied if care is deemed as maintenance.
- Therapy must be progressive and restorative in nature to be covered under Medicare guidelines.
- Medicare **WILL NOT COVER** out-patient physical therapy is they are paying for HOME HEALTH SERVICES of any kind.

\_\_\_\_ Initials, I attest that I am not currently receiving home healthcare services of any kind paid for by Medicare

\_\_\_\_ Initials , I attest that if at any time during my treatment at PhysioLogic PT, I am going to start receiving home health services paid by Medicare, I will inform PhysioLogic PT, PC immediately.

\_\_\_\_\_  
Patients Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date