

## **PHYSICAL THERAPY & REHAB CONCEPTS**

### **\*Financial Policy, Assignment & Treatment Consent\***

~For our patients, we are enrolled in numerous insurance programs and managed care plans where we bill the carrier of your charges.

~While we are pleased to offer this service to you, it is impossible to keep track of all the individual requirements for each plan. Even with the same company, the plans differ depending upon what type of contract your employer has chosen for the employees.

~We will call your insurance company when you first come in for therapy to see what your co-payment amount is and also to see if your deductible has been met. **We do collect your co-pays and deductibles at time of service.** **\*REMINDER:** Your insurance company is **your** payer of services so you should call them to check your benefits before you come to therapy. What they do not pay could become your balance especially if prior authorization was to be obtained before you had the service but was not obtained. **We cannot be responsible for your requirements within your policy.** We are often given wrong benefits when we call the insurance companies. If we both call, we have a better chance of taking care of problems ahead of time.

#### **• Financial Agreement/Treatment Consent/Assignment:**

The undersigned agrees, as patient or agent of patient, that the patient is accepting financial responsibility for services rendered and is obligated to pay their balances due at time of service and all balances that may be denied by your insurance company after you file your claim.

- I authorize the staff of PTRC to provide me with treatment as deemed necessary by my Dr. or Therapist. I hereby authorize PTRC to release information to my insurance company and to receive direct payment from them for my services. I also understand that this authorization does not release me from my personal responsibility for payment of all charges.

**Medicare patients receiving home health services of any kind are NOT eligible for outpatient physical therapy.**

Signed: \_\_\_\_\_ SS# \_\_\_\_\_ Date: \_\_\_\_\_

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## NOTICE OF PROVIDER PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Physical Therapy and Rehab Concepts (PTRC) must maintain the privacy of your personal health information and give you notice that describes our legal duties and privacy practices concerning your personal health information. In general, when we release your health information, we must release only the information we need to achieve the purpose of the use or disclosure. However, all of your personal health information that you designate will be available for release if you sign an authorization form, if you request the information yourself, to a provider regarding your treatment, or due to a legal requirement.

Again, without your written authorization, we can use your health information for the following purposes:

- \*Treatment
- \*Payment
- \*Healthcare operations
- \*As required by law
- \*To those involved with your care or payment of your care

You have several rights in regard to your health information. You may contact Kim Farmer, Privacy Officer.

You can:

- \*Inspect and copy your health information
- \*Request to correct your health information
- \*Request restrictions on certain uses and disclosures
- \*Obtain a copy of this notice
- \*Contact Privacy Officer

Effective since 4/14/03

By signing this form, you acknowledge that you have read and understand PTRC's privacy practices. A copy is available upon completion of form if requested.

I have read PTRC's Privacy Notice and know that I can discuss my concerns if need be regarding the privacy of my health information.

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Patient's Signature

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Date

