

CONSENT FOR TREATMENT AND OFFICE POLICY

CONSENT FOR TREATMENT:

At EZ Rehab Physical Therapy, Inc., we use a variety of procedures and modalities to treat various conditions. Your treatment plan starts with an evaluation, examination and an interview to help us gain a thorough understanding of your condition. We will work with you and your physician to design a treatment plan that best suits your situation. A variety of treatment procedures may be used based on your specific needs and your treatment plan may involve a number of visits. Appointment times will be given on your initial visit and it is important to keep these appointments during your treatment period.

Since the physical response to treatment varies from patient to patient, it is not always possible to accurately predict how you will respond to treatment. We are not able to guarantee precisely how you will react to the treatment, nor can we guarantee that our treatment will help the condition you are seeking treatment for. We encourage you to communicate your progress and/or concerns that you may have during your treatment to your treating therapist. You have the right to decline any portion of your treatment at any time before or during your treatment session.

For the treatment of a Minor, a Parent's or Guardian's signed authorization is required.

ATTENDANCE AND CANCELLATION POLICY:

As a courtesy to all our patients and your treatment team, we have the following policies in force:

- **First Visit:** Please arrive 20 minutes before your appointment time to fill out forms. Bring your prescription and insurance cards.
- **Late:** If running late on appointments, please call the office as soon as possible. Depending on our schedule, your treatment time may be abbreviated. In certain situations, we may need to cancel, reschedule your time or charge a cancellation fee.
- **Cancellation and No-Show:** Cancellations must be made within 24-hours of your scheduled appointment. Please call our office during normal work week hours between 8 am – 4pm. Monday appointments must be cancelled by Friday no later than 4pm. **There will be a \$75.00 fee charge for cancellation without 24-hour notice. No show appointment charge is \$130.00.** These fees are not covered by insurance and will be due and payable at your next visit, or charged to your credit card on file.

ASSIGNMENT OF BENEFITS AND PAYMENT AGREEMENT:

As a patient of EZ Rehab Physical Therapy, Inc., you agree that you are financially responsible for the charges incurred while receiving treatment. If you have insurance, contact them to review your benefits and coverage. We require that you furnish us with your insurance and billing information. You also agree and authorize EZ Rehab Physical Therapy, Inc. to provide information to your insurance carrier concerning your treatment and hereby assign to us the payment for all services during your treatment. Any changes to your insurance company must be brought to our attention as promptly as possible.

We will bill your insurance carrier as a courtesy to you; however, you are still financially responsible for the all charges incurred during your treatment. We require prompt payment for any charges owed on the account. Any deductibles or co-pays are due at the time of visit. We require a credit card or debit card to keep on file with your authorization for payment of services. Any collection costs incurred on your behalf shall be charged to your account. We assume no responsibility for any incorrect information obtained regarding your insurance coverage and/or billing procedures.

If your insurance carrier does not remit payment to us within 60 days, the balance owed shall be due in full from you. In the event that your insurance company requests a refund of payments made to us, you may be held responsible for this amount. If you receive payment directly from your insurance company for services billed by us, you agree to remit to payment to us within 30 days. We reserve the right to discontinue treatment due to unpaid charges.

MEDICARE COVERAGE:

Please refer to our Medicare Policy form. In the event that you exceed the maximum allotted coverage for the year, Medicare will deny further treatment payments. You may choose continue your treatment and we will invoice you directly for these services as Private Pay.

PRIVATE PAY:

Patients who do not have any insurance coverage or who bill their insurance companies directly are considered Private Pay patients and we require full payment of services at the time of visit, either by check or credit card. Charges for services are based on the Private Pay Rate Schedule in force at the time of service.

THIRD PARTY LEGAL CLAIMS:

We accept patients for treatment as a result of an accident or injury. It is important for you to notify us if a third party is involved in your case, including the name of the attorney handling the case. These cases are handled differently and we will require payment for each visit according to our Private Pay Rate Schedule. You will still be financially responsible for payment of services received and will still be subject to our policies. Please note that Medicare does not cover treatment associated with a legal claim.

WORKER'S COMPENSATION CLAIMS:

We accept patients who are under a worker's compensation claim coverage. If benefits and payments are subsequently denied, you will be held financially responsible for payment.

NON-COVERED CHARGES:

Supplies, equipment, or products are available for purchase through EZ Rehab Physical Therapy, Inc. These items are not covered by the insurance company.

RETURNED CHECKS AND COLLECTION FEES:

Any returned check shall be charged a \$50.00 service charge, in addition to the original charge. Any costs associated with collection or retaining an attorney for collection of outstanding balances shall be your responsibility, in addition to the outstanding balance.

I, (Patient or Responsible Party) _____, have read, understood and agree to the above Consent For Treatment And Office Policy and accept my responsibility for payment of charges on my account.

Responsible Party's Signature: _____ Date: _____
Consent To Treatment and Office Policy Form ©2014 EZ Rehab Physical Therapy, Inc.