Progressive
Physical Therapy & Wellness

FINANCIAL AGREEMENT
MEDICAL RECORDS RELEASE/PRIVACY POLICY

Initial all that apply

_____ **Primary Insurance**: Your primary insurance is billed as a courtesy to you. We expect payment within 60 calendar days. Co-pays and deductibles are due at time of service unless other arrangements have been made with the office. *After 60 days*, charges outstanding will be due from **you** regardless of the type of insurance involved. Upon beginning therapy, as a courtesy we will try to verify your insurance benefits. *While we will take reasonable actions to provide accurate therapy benefit information for your specific plan, be aware that verification of benefits is not a guarantee of payment from your insurance carrier.* **Ultimately, you are responsible for knowing your coverage benefits and limits, and for all charges you incur.**

_____ **Medicare:** We bill Medicare for you. In most cases, Medicare will pay 80% of allowable charges if you meet the "medical necessity" requirements. Medicare or our office will bill your secondary insurance, or if no secondary, the 20% balance will be billed to you. See back for additional information.

_____ **Self-Pay:** Please pay the balance in full at the time of service. No refunds.

_____ **Worker's Compensation:** A valid claim/case number must be given with billing information for your *Worker's Compensation* carrier to be billed for your charges. Please note that you will remain financially responsible for all charges if your carrier denies coverage; as well as any documentation from SCF or other Worker's Comp. Insurance that is needed for services. All attendance records will be forwarded to claims adjuster.

_____ **Claims – Auto or Personal Injury:** A written statement from a legitimate insurance company that contains the insurance company's name, address and phone, injury date, claim number and billing information must be presented at the time of initial service. This company will be billed for all services provided to you. If the insurance company denies payment, then you the patient will be responsible for providing other Medical Insurance information or contacting the insurance company yourself to secure payment of your Physical Therapy services.

Please be aware that **you will remain financially responsible for services rendered regardless of the payment option selected above.** In the event your account becomes delinquent and is, therefore, in default of payment, the patient, or admitting legal guardian, will be responsible for the principal amount owed, along with all reasonable costs associated with the collection of this debt, including, but not limited to, collection service fees, attorney's fees, all court costs, and all additional legal expenses associated with the recovery of this debt. We reserve the right to charge interest on balances over 30 days old, and charge returned check fees as allowed by state law. After 60 days, all unpaid balances will be assessed a 1.5% monthly interest rate.

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Initial

Cancellation/No Show Policy: To maintain appointment times available to all of our patients, there is a charge of $25, ***billed*** to the patient after the 2nd No Show, for each instance a patient does not show for a scheduled appointment or does not give 24-hour cancellation notice. This fee is patient responsibility. Two (2) No-Shows will result in an automatic discharge.

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Initial

Voice Messages: Progressive Physical Therapy has permission to leave voice messages on my phone regarding appointments. **AN INITIAL INDICATES A "YES" RESPONSE.**

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Privacy Policy: I have been given the opportunity to view and/or received a copy of the Notice of Privacy Practices and understand that I may request a copy at any time.

By signing below, you are agreeing to the terms laid out above, and authorize the release of any/all medical information necessary for treatment, and for insurance companies or third parties to process claims for evaluation and treatment provided by
PROGRESSIVE PHYSICAL THERAPY. You also authorize the direct assignment of insurance benefits to PROGRESSIVE PHYSICAL THERAPY for evaluation and treatment, and service rendered. This includes basic benefits, major medical benefits, and all medical payment coverage from all insurance policies otherwise payable to you. You understand that **you are financially responsible for any changes not covered by this assignment**.

I do hereby consent to such treatment by authorized personnel of PROGRESSIVE PHYSICAL THERAPY, as dictated by prudent medical practice. I also consent payment to be made by my insurance carrier to PROGRESSIVE PHYSICAL THERAPY. This consent is intended as a waiver of liability for such treatment excepting acts of negligence.

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Authorized Signature **Date** **Name (PRINTED)**

Medicare has placed a CAP or a limit of $1940.00 on all Physical & Speech Therapy charges combined. The deductible is $147.00 for 2015.

Medicare will cover $1940.00 of physical therapy for each patient per year. That does not mean they will pay that exact amount. For each physical therapy visit you have, there is a medicare allowed amount, based on the services you receive. If you have not met your deductible ($147.00 for 2015), you will have to pay the allowed amount for your visits until you meet the deductible. Once your deductible is met, medicare will pay 80% of their allowed amount and you or your secondary insurance will be responsible for the other 20%. In both of these cases the entire 100% of the medicare allowed amount is subtracted from your $1940.00 allowance until it is used up for the year.

Each patient who uses therapy services will find the total dollar amount that counted toward the CAP for the year on each Medicare Summary Notice that reports payment for therapy services. If you do not find this amount, please contact Medicare for the amount that has been applied.

Patients can call: 1-800-MEDICARE with any questions that they may have.

PROGRESSIVE PHYSICAL THERAPY
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