

LEPRE PHYSICAL THERAPY

Name _____ Date of Birth _____ / _____ / _____

Address _____

City _____ State _____ Zip Code _____

OFFICE POLICIES AND PRODECURES

We have developed this information to make you aware of our billing policies at the time of your initial office visit. Please review these policies carefully.

Physical therapy services are reimbursed under the provisions of most health insurance policies. **You, as the subscriber, are primarily responsible for knowing the terms of your policy.** Our office personnel are familiar with various coverages offered by health insurance companies, and will assist you. If you (the subscriber) should receive a check from your insurance company that is intended for this practice (the provider) for services rendered, you should immediately remit this to our office for credit to your account. Failure to do so will result in our office billing you for the complete balance and you will be responsible for payment of this amount in full.

Liability cases are accepted when accompanied by a health insurance plan and/or auto insurance with a medpay plan. We will accept the insurance plan's allowable, along with the copays and/or deductibles, as payment in full for any covered services rendered to our patients. However, once the health insurance plan indicates that it will no longer pay for physical therapy benefits the service will no longer be considered a covered service.

Worker's compensation patients will be accepted according to the Worker's Compensation Law enacted in 1992. Should your claim be denied by the R.I. Worker's Compensation Court, you will be responsible for providing us with your third party insurance so that physical therapy services rendered to you can be submitted for payment. If you do not have a third party insurance, please speak with the Billing Supervisor to make arrangements for payment of your account. Failure to attend physical therapy may jeopardize your worker's compensation benefits.

Medicare patients who do not have supplemental insurance will be billed for their yearly deductible and 20% of the Medicare allowable. If Medicare denies payment, the patient will be billed for 100% of the allowable.

Medicaid does not pay for physical therapy in a private practice.

***If this is a Worker's Compensation case, please make sure you have informed the front office. ***

NO SHOW AND CANCELLATION POLICY

Your scheduled appointment is reserved for you. If you are unable to keep your appointment, you must cancel at least twenty-four(24) hours in advance. If you are going to be late for your appointment, you should call to inform us of your expected arrival time. Your appointment may need to be rescheduled at the discretion of the physical therapist, to ensure that your late arrival will not interfere with the treatment of the patient scheduled after you.

CO-PAYMENTS are due at the time of service. Please contact the customer service department of your insurance company for information regarding your outpatient physical therapy benefits , co-pay amounts and deductible amount(if applicable).

CO-PAYMENTS: (estimate):

Initial evaluation with Treatment: \$_____

Each Follow-up appointment: \$_____

I, _____, fully understand the contents of your office policies and procedures (please print name) and agree to abide by them. I also understand and agree to pay for the charges that may be made towards my account for physical therapy services rendered by this office, consistent with the terms of my health insurance policy.

Signature _____ Date _____