provision
PHYSICAL THERAPY

CONSENT FOR CARE & TREATMENT

I, the undersigned, do hereby agree and give consent for Provision Physical Therapy to furnish care and treatment that is considered necessary and proper in diagnosing or treating my/his/her condition.

RELEASE OF INFORMATION: Upon inquiry and to the extent allowed by law, Provision Physical Therapy may make available certain basic information about the patient in accordance with HIPAA regulations, including name, address, age, sex, general description of the reason for treatment, general nature of the injury, and general condition. If the patient's representative does not want such information to be released, he/she must make a written request for said information to be withheld. The patient or his/her representative may present a written request to Provision Physical Therapy for this purpose. The undersigned agrees that, to the extent necessary to determine liability for payment and to obtain reimbursement, Provision Physical Therapy may disclose portions of the patients record including his/her medical record, to any person or entity which is or may be liable for all or any portion of Provision Physical Therapy's charges, including but not limited to government agencies (e.g., Medicare, Medicaid, insurance companies, health care service plans, workers compensation carriers, or collection agencies).

BENEFIT ASSIGNMENT: I hereby assign medical benefits to which I am entitled, including Medicare, private insurance, and third party payers, to Provision Physical Therapy. A photocopy of this assignment is to be considered as valid as the original.

FINANCIAL AGREEMENT: As a courtesy, our office will verify benefits by your insurance carrier; however, this is not a guarantee of benefits. Any benefits quoted was provided to us by the patient's insurance carrier with the information that is currently on their file. The insurance company will make final determination of benefits once they receive the bill. We will send the claim to the insurance company as a courtesy. However, ultimate responsibility for payment of services is the patient's or legal guardian if the patient is a minor. Disputes regarding benefits are between the patient and the insurance company. The patient is responsible for providing payment at time of service for all copays, deductible, coinsurance and any remaining balance due from services that are not covered by the patient's insurance carrier. Please notify our office immediately if your insurance carrier or type of coverage should change. Failure to notify our office of any changes may result in denial by the insurance company, in which case payment becomes patient responsibility.

I understand that if I fail to make any of the payments for which I am responsible in a timely manner, I will be responsible for all costs of collecting monies owed including original charges, interest, collection agency fees, and attorney fees. I authorize Provision Physical Therapy or its agents to call my cell phone either manually or by auto dialer in order to collect any amount I owe. If I provide my email or text number, I authorize Provision Physical Therapy or its agents to contact me at the email address I provided or to text me at the cell phone number I provided regarding payments, statements, etc.

ASSIGNMENT OF INSURANCE BENEFITS: It is the patient's responsibility to maintain all prescriptions, referrals, and authorizations as required by your insurance company.

WORKER'S COMPENSATION AND/OR MOTOR VEHICLE ACCIDENT CLAUSE: The above financial policy does not apply to those patients that are considered Worker's Compensation or Motor Vehicle Accident related. However, be advised if you claim Worker's Compensation and/or Motor Vehicle Accident related benefits and are subsequently denied, you will be held responsible for any remaining balance on your account. At that time, our Financial Policy will apply to you.

LATE ARRIVALS: At Provision Physical Therapy, we strive to provide the best quality care for our patients. If you arrive more than 10 minutes past your scheduled appointment time, it is the therapist's discretion to see you. You may have to reschedule your appointment. We will do our best to accommodate latecomers.

CANCELLATION AND MISSED APPOINTMENT POLICY: Failure to provide 24 hours advanced notice of cancellation will incur a **$60** fee automatically charged to your account. In instances of repeated non-compliance with your scheduled visits, we also reserve the right to discontinue care. In those rare cases, we will inform your physician that your service has been discontinued due to non-compliance with the prescribed rehabilitation order.