



WILDERMAN PHYSICAL THERAPY, LLC

POLICIES

We are **dedicated** to providing **highly individualized manual and therapeutic/functional exercise care** for clients with **sports or orthopaedic injuries/pain**. Your plan of care is achieved through the professional assessment of your physical therapist and is based on your specific needs. **Please read carefully the following policies and sign below.**

- 1. Insurance:** In order to achieve the best possible results for our clients, WILDERMAN PHYSICAL THERAPY, LLC does not bill third parties for payment. Payment is expected when services are rendered. Client is fully responsible for knowledge of his/her own insurance benefits and reimbursement policies. WILDERMAN PHYSICAL THERAPY, LLC will make being reimbursed by your insurance provider as easy as possible providing all necessary records and documentation as needed.
- 2. Automobile Accidents:** We do not bill auto insurance companies nor do we accept assignments on any automobile accident. We do not wait for settlement from attorneys or wait for settlement from any automobile carriers. Reimbursement for care can be obtained in the same way that clients are reimbursed from a health insurance carrier.
- 3. Medicare:** We are not Medicare providers and cannot bill Medicare for you. At this time we cannot accept clients who intend to bill Medicare.
- 4. Durable Medical Equipment (DME) and Supplies:** Some DME and supplies are not reimbursable by insurance companies and must be paid for prior to ordering.
- 5. Payment:** Payment is **expected when services are rendered (each visit)**. We accept Visa, MasterCard, American Express, Discover, JCB, HSA/FSA, check, and cash. We expect accounts to be paid in full within 30 days from the last day of treatment.
- 6. Late Charges/Returns Checks:** Any account that remains open beyond 30 days from last date of treatment will be subject to a **\$10 fee** for each month that the account is not paid in full. There is a **\$35 fee** for all returned checks.
- 7. Cancelled/Missed Appointments:** If a client is more than 15 minutes late for an appointment, **WILDERMAN PHYSICAL THERAPY, LLC** reserves the right to cancel or reschedule the treatment. Late arrivals are subject to the full fee for the session. **We require 24 hour notice for cancellations. Appointments that are cancelled with less than 24 hours notice or no-show appointments are subject to the full charge the scheduled appointment**, which is not reimbursable by insurance providers. **Payment information on file will be used to make payments for missed or late cancelled appointments.**
- 8. Right to Triage:** **WILDERMAN PHYSICAL THERAPY, LLC** will see each client at their greatest convenience. However, we reserve the right to triage clients on emergency cases.

9. **Fees:** We reserve the right to alter the fee schedule without notice. Please see our latest fee schedule for Initial Evaluations and subsequent physical therapy sessions consisting of 30 or 60 minutes. After the Initial Evaluation, subsequent Physical Therapy sessions are billed in 15-minute increments and are typically one (1) hour.

10. **Our pledge regarding medical information:** We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at **WILDERMAN PHYSICAL THERAPY, LLC**. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by **WILDERMAN PHYSICAL THERAPY, LLC**. We are required by law to:

- Make sure that medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you (see Notice of Privacy Practices).

I have read the above policies and understand that payment is due when services are rendered. I agree to accept full financial responsibility for medical expenses incurred at **WILDERMAN PHYSICAL THERAPY, LLC**.

If a patient is under 18 years of age, and a parent/guardian is not able to attend sessions of Physical Therapy with the minor, the parent's/guardian's signature for authorization allows **WILDERMAN PHYSICAL THERAPY, LLC** TO commence Physical Therapy treatments with the client who is a minor. The parent/guardian is also accepting full financial responsibility for the treatment.

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If client is under 18 years of age)