Prime Physical Therapy

7516 Iron Bar Lane
Gainesville, VA 20155
Phone: (571)-261-9234
Fax: (757)-720-8323

Consent and Acknowledgement

Consent for Treatment:

I hereby agree and give my consent for Prime Physical Therapy to provide physical therapy care and treatment considered necessary and proper in evaluating and treating my physical condition and for incidental medical services.

Acknowledgement of Receipt of Notice of Privacy Practices and Release of Authorization:

I certify that I have received a copy of Prime Physical Therapy's Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information (PHI) that might occur in my treatment, payment of my bills or in the performance of Prime Physical Therapy healthcare operations. The Notice of Privacy Practices also describes my rights and Prime Physical Therapy's duties with respect to my PHI. I understand that if I have any questions or complaints, that I may contact Prime Physical Therapy at (571)-261-9234.

Prime Physical Therapy reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be mailed to me, asking for one at the time of my next appointment or accessing Prime Physical Therapy's website at www.primeptva.com.

Liability:

I understand and agree that Prime Physical Therapy will not be responsible for loss or damage to my personal properties or valuables while I am on the premises of Prime Physical Therapy.

Release of Information:
I allow Prime Physical Therapy to provide information to any third party payors or those hired by the third party payors which may be partially or wholly responsible for payment of my physical therapy bill. I allow Prime Physical Therapy to release information to WebPT and Therabill on my behalf for billing of the said third party payors. I also allow Prime Physical Therapy to release my information to the provider or office of provider from which I was referred.

Insurance

We participate in most insurance plans. If you are not insured by a plan we participate in or have a co-pay or deductible, payment in full is expected at each time of service. If your insurance coverage changes, it is your responsibility to notify us before your next visit so that we can make the appropriate changes to help you receive your maximum benefits. You are fully responsible for knowledge of and understanding of your own insurance benefits and reimbursement policies. Prime Physical Therapy will still submit all the claims to the insurance company on your behalf to ensure you receive maximum reimbursement.

Worker's Compensation: We will file a claim with your employer's worker's compensation carrier upon your request after you have instituted a claim for the same. It is your responsibility to provide Prime Physical Therapy with the necessary information. If your claim is denied, you will be held responsible for the entire bill amount.

Automobile Accidents: We do not bill auto insurance companies. 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.

Durable Medical Equipment(DME) and Supplies: Some DME and supplies are not reimbursable by insurance companies and must be paid for by the patient prior to ordering.

Financial Policy

Thank you for choosing Prime Physical Therapy for your physical therapy needs. Please review the following policy regarding financial responsibilities for your care.

Pricing and Billing

Billing for physical therapy services depends upon which specific services are performed. Therefore, pricing per visit is subject to change.

Patient Responsibility:
All copays, coinsurance, deductibles and self-pay balances are due at the time of service. Insurance and personal information provided must be accurate and up to date.

Patient is responsible for all applicable fees, due at time of payment, when paying by credit card. There are no fees associated with payment by cash, check or debit card.

A **$35** fee will be charged for any returned check unpaid by your financial institution.

Missed appointments or cancellations less than 24 hours in advance will be charged a **$50** cancellation fee. The charge will be your responsibility and must be paid prior to your next scheduled visit.

Past due accounts will be charged a delinquency fee of 2% per month if left unpaid 60 days beyond the initial billing period. Prime Physical Therapy reserves the right to submit to a collections agency the balance defaulted on in part or in whole 60 days beyond the initial billing period. You are responsible for all of collection costs and principal amount of attorney fees. If you are having trouble paying your bill, please contact Prime Physical Therapy to set up a billing plan as soon as possible to avoid collections.

Insurance:

We participate in several insurance plans and have verified your physical therapy benefits to the best of our ability at the time requested. It is however your responsibility to be aware of your particular insurance plan's benefits, all deductible amounts, copays, and coinsurances whether in network or out of network. Please be aware that some, and perhaps all, of the services provided may not be completely covered by your insurance company.

For out of network patients, self-pay pricing is as follows and is due at the time of service.

$160 Cost of Initial Visit (Due on the date of service) and **$120** Cost of Follow Up Visits (Payment is due each visit)

Non-Covered Services:

Dry Needling:

Dry needling is not a covered service and is therefore an out-of-pocket expense. Payment for dry needling is due at time of service. Patients may receive a one-time, free trial of dry needling on their first dry needling treatment with Prime Physical Therapy.

$50 per body segment per session.

$75 per two body segments per session.

Diagnostic Ultrasound:

Diagnostic Ultrasound is not a covered service and is therefore an out-of-pocket expense. Payment for diagnostic ultrasound is due at time of service. Patient's currently receiving traditional physical therapy with Prime Physical Therapy may receive a one-time, free trial for their first diagnostic ultrasound scanning.

Single diagnostic ultrasound scanning session during traditional physical therapy treatment session: **$75**

Single diagnostic ultrasound scanning session without traditional physical therapy treatment session: **$150**

Chronic Tardiness:

While we understand that occasionally seen and unforeseen circumstances may cause you to arrive late to your appointments, we ask that you notify us immediately if you will be late. Out of respect to the other patients, you may be asked to rescheduled your appointment, if you arrive more than 15 minutes late. If you continue to arrive 15 minutes or more, late for 3 appointments, each additional late arrival will result in a $15 fee due at the time of service.

We may contact you to provide appointment reminders, changes or information about your treatment alternatives to other health related benefits and services that may be of interest to you.

We reserve the right to change our practice policies and to make new provisions effective for all protected health information we maintain. Should our information practices change, we will inform you and upon request, provide you with written changes.

I have read the consent and policies as written above and I agree to the terms and conditions outlined within these documents. Furthermore, I agree to assign all health insurance benefits directly to Prime Physical Therapy. I agree to accept full financial responsibility for medical expenses incurred at Prime Physical Therapy. I recognize that the terms of this agreement are confidential between myself and Prime Physical Therapy. I certify to the best of my knowledge that the information I have provided with regard to insurance coverage is correct. I further authorize the release of any necessary information including medical information for this or any related claim.

Print Name: _____

Signature: _____ Date:_____

Parental Consent For Treatment (Under 18): As parent and/or legal guardian of _____
I authorize Prime Physical Therapy to treat the patient while I am not present.

Parent/Guardian Signature: _____ Date: _____