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ATP PHYSICAL THERAPY POLICIES AND PRACTICES FOR PATIENTS

We would like to thank you for choosing ATP PHYSICAL THERAPY. As one of our patients, we would like to keep you informed of our current policies and practices. We require a signature to document that you have read and understand these policies and practices.

PAYMENT

Payment is expected at the time of service. This includes deductibles, co-payments, coinsurance, or cash pay contract rates. ATP PHYSICAL THERAPY accepts cash, personal checks, VISA, Master Card and Discover. There is a service charge of \$25.00 for returned checks.

HEALTH INSURANCE BENEFITS FOR PHYSICAL THERAPY

It is the patient's responsibility to understand their insurance coverage regarding Physical Therapy. Please know that ATP Physical Therapy does not control how policies are written by insurance carriers. We give you an **estimate** of the health insurance costs of physical therapy. The explanation of benefits we receive after billing shows the actual cost. Patients are ultimately responsible for any charges or portion thereof for which payment is denied by insurance for whatever reason, except where prohibited by law or prior contractual agreement. If there are any changes to your health insurance policy during the course of treatment, please inform the front desk as soon as possible.

SECONDARY INSURANCE

Typically, we do not bill secondary insurances unless you are a patient with secondary or supplemental that can be billed electronically and is automatically linked to the primary insurance. We will provide help if you wish to bill your secondary insurance.

ASSIGNMENT OF BENEFITS

The patient hereby agrees to authorize/assign their therapy insurance benefits to be paid directly to ATP Physical Therapy.

NOTICE OF PRIVACY PRACTICES

****Please read the separate copy of our privacy practices.** A copy should have been provided to you before you sign this form. If you require a copy of our notice of privacy practices, please ask us for one. You will be asked to sign this form confirming that you have read and understand it.

DIRECT ACCESS TO PHYSICAL THERAPY

Most patients will obtain a referral for physical therapy through their physician. Physical therapy referrals need to include a diagnosis, current date, and your physician's signature. Some insurance policies will not accept claims without a doctor's National Provider Number or without a diagnosis or prescription. In these instances, a doctor's referral to physical therapy will be necessary. All Medicare patients must obtain a prescription from a medical doctor before being seen by a physical therapist.

Patients can opt to use direct access to physical therapy treatment. In this case, the patient may continue to receive direct physical therapy treatment services for a period of up to 45 calendar days or 12 visits, whichever occurs first. After that the physical therapist may continue to treat you ONLY after receiving a dated, signed physical therapy evaluation and plan of care that has been accepted by a licensed physician and that an in-person patient examination and evaluation was conducted by the physician and surgeon or podiatrist.

If you are a direct access patient, and you come in for an assessment, your continued treatment will be determined by the licensed physical therapist assessing you. If the physical therapist determines that you are not a candidate for physical therapy in your current condition, they will refer you back to your physician for further evaluation. Continuation of physical therapy treatments will ultimately require patients to have a doctor to coordinate a plan of care, and to obtain a diagnosis, as well as for billing purposes.

LATE CANCELLATION POLICY

Understand that ATP Physical Therapy works on a scheduled appointment basis and requires notice when canceling an appointment. No charge will be levied should you cancel within the allotted time. Voice mail and email are valid means to cancel your appointment. Please note that you must cancel during business hours Mon-Fri. We do not accept cancellations over the weekend. There is a **\$75 fee for missed appointments and cancellations with less than 24 hours' notice**. We cannot charge your insurance for a missed appointment. Patient understands that if they no-show or cancel 3 times they can be discharged from Therapy Services and billed accordingly, unless substantial circumstances caused the no-show or late cancellation of their scheduled appointment.

RECONCILING PATIENT ACCOUNTS

Once the explanations of benefits are received from the insurance company, and if there are differences in what we charged as compared to what is owed, we will communicate this as soon as possible. Billing issues can be addressed on site. Please inform the front desk or the office manager if you have any questions.

All accounts will be reconciled at the end of treatment and only after all explanation of benefits have been received. A statement will be sent or a refund of any overpaid monies. If you receive a statement, please call us if you have a question about your bill. Most problems can be settled quickly and easily, and your communication will prevent any misunderstandings. If you are having trouble paying you bill, please discuss the situation with us. Satisfactory arrangements can almost always be made.

RELEASE OF INDEMNITY AGREEMENT

I, the undersigned, as a patient, client or guest of ATP Physical Therapy PC, its affiliated companies and their directors, owner, employees, agents and insurers (hereinafter referred to as ATP Physical Therapy) agree that if I engage in any physical exercise, or activity on the premises, or any location, I do so at my own risk, regardless of fault, and I FULLY RELEASE, DEFEND, INDEMNIFY, HOLD HARMLESS AND FULLY DISCHARGE ATP Physical Therapy, from any and all liabilities damages and claims, or causes of action of any kind or description to me, my personal representatives, assigns or heirs, and next of kin for any damage to or loss of property any injury to me or my death or any one or more of the foregoing, arising, directly or indirectly out of my participation in any program or out of treatment provided or advise/ instruction given by ATP Physical Therapy. This includes without limitation to the use of the building, equipment, parking area, and stars and includes my participation in any programs (including Pilates, muscle activation, personal training, massage therapy and all physical therapy treatments), instruction, evaluations, and screenings. I agree that I am participating voluntarily and acknowledge that I may incur pain, soreness and possible injury while participating in the normal course of this or any program or treatment and that it is MY RESPONSIBILITY TO INFORM THE CLINICIAN OR INSTRUCTOR IMMEDIATELY should I experience any of these symptoms.

This waiver and release of all liability includes but is not limited to injuries or death which may result from improper use of exercise equipment, my use of equipment which may malfunction and/or break or any other unspecified injury WHETHER OR NOT SUCH CLAIM OR DAMAGE, LOSS, INJURY, NEGLIGENCE, OMISSION, STRICT LIABILITY OR FAULT OF PROGRESS AND WHETHER OR NOT CAUSED BY A PRE-EXISTING CONTDITION.

I warrant that I have carefully read this document and know its contents, and that I have executed this document voluntarily and as my own free act.

I execute this document fully intending to be bound by its terms. This agreement shall be governed and construed in accordance with the laws of the commonwealth of California, without regard to principles of conflict laws. Executed to be effective as of the date set forth below.

ATP Physical Therapy is not responsible for injuries resulting from the performance of any exercise routines. These training methods are only recommendations. All exercise is performed at your own risk. Check with your personal physician before starting new physical routine.

Patient Signature

Date

-OR-

(Guardian Signature, if participant is under 18 years old)

Date

If guardian, relationship to patient: _____

The signature above shows that I have read and understand ATP PHYSICAL THERAPY'S POLICIES AND PRACTICES WHICH INCLUDE: THE NOTICE OF PRIVACY PRACTICES, FINANCIAL POLICIES, and RELEASE OF INDEMNITY AGREEMENT, THE LATE CANCELLATION POLICY among other information.