

SET SPORTS PHYSICAL THERAPY

Policies and Patient Authorization

Appointments

All appointments are scheduled one on one with a physical therapist for up to one hour. We schedule appointments to provide quality of care so please arrive on time for each scheduled appointment. In the event that you are unable to keep your appointment, we require at least 24 hours notice. **Appointments that are cancelled with less than 24 hours notice or no show appointments are subject to a \$50 charge, which is not reimbursable by insurance companies.** It is important that we have current patient information in our records. Please advise us of any change of your address, phone number, or insurance information that has occurred.

Billing

SET Sports Physical Therapy is an out-of-network provider therefore charges not covered by your health plan, including any deductible are your responsibility on the date that service is rendered. We will assist you in obtaining reimbursement by submitting the claims to your primary insurance company or providing you with an itemized receipt, if requested, which you can send, as is, to your insurance company for reimbursement. It is your responsibility to follow-up with your insurance company after the submission of claims to ensure that the claims are processed correctly. Your signature below indicates you are financially responsible for all charges incurred and that outstanding balances over 90 days can be processed by a Collection Agency.

Prescriptions

SET Sports Physical Therapy recommends that you consult with a physician regarding your condition and, if required, you are responsible for providing a current written prescription on your initial visit for physical therapy services. It is your responsibility to keep your prescriptions up to date and the written prescription may assist in reimbursement process from your insurance company.

Acknowledgement

I have read and understood the above policies and agree to abide by the terms. I agree that I am responsible for all charges not covered by my insurance.

Patient's Name _____ Date _____

Patient's Signature _____
(Signature of parent or legal guardian for minors under the age of 18)

Authorization and Consent to Treat

I authorize SET Sports Physical Therapy to submit claims on my behalf for physical therapy services rendered by a licensed physical therapist and to request payment for such services. I understand that I am financially responsible for the charges incurred from physical therapy services rendered that are not covered by my insurance company.

I certify that the information I have reported with regard to my insurance coverage is correct. I authorize the release of my medical information to my insurance provider in order to receive reimbursement for physical therapy services.

I, the undersigned, grant consent for treatment or services provided by SET Sports Physical Therapy.

Patient's Name _____ Date _____

Patient's Signature _____
(Signature of parent or legal guardian for minors under the age of 18)