



physical therapy partners, inc.

Specializing in Orthopedics, Oncology and Pelvic Floor

ATTENDANCE and OFFICE POLICIES

Thank you for choosing us to be part of your health care team. We are committed to providing you with the best quality physical therapy possible. The following are the current office policies at our practice. Please review these policies and keep them for your reference.

PAYMENTS

1. **CO-PAYS:** All **co-pays, coinsurance and deductible amounts** are due at the time of your visit.
2. **INSURANCE:** You must present a current/active **insurance card** at the time of your visit. If you do not have your insurance card, it may be necessary to pay in full or reschedule your appointment. If your **insurance lapses** or you do not have active coverage, you are responsible for all charges incurred while you are without insurance. Insurance information must be provided to our office in advance of your first appointment to allow time to verify your physical therapy benefits. If your insurance requires a prescription from your physician, it is your responsibility to ensure that it is present in our office on your first visit. Without a required referral, it may be necessary to reschedule your appointment and a missed appointment fee may apply.
3. **PROMPT PAY:** Payment is expected at the time of service. If there are extenuating circumstances, please speak to the Office Manager about payment arrangements prior to your appointment.

FORMS

If you are a new patient to us, you must come with your **completed new patient forms and proper identification, along with a referral if required by your insurance plan**, or it may be necessary to reschedule your appointment. If your insurance requires a referral, you MAY be responsible for payment of a cancellation fee if you do not provide required paperwork at the time of your appointment. All forms can be found on our website: www.physicaltherapypartnersinc.com

Required IDENTIFICATION includes:

- * Driver's License or Photo ID
- * All Insurance Cards

Required FORMS include:

- * Patient Consent Form
- * Financial Responsibility Form
- * Medical History Form
- * Additional Medications List (if needed)

COPIES OF PATIENT RECORDS

Copies of medical and/or billing records require a \$20 preparation fee and signature of an Authorization for Release of Records. If records are to be printed, there is also copy fee of seventy-three cents (\$.73) per page, plus applicable postage if records are to be mailed. Medical records requests require 21 business days for processing per Maryland state law.

TARDY ATTENDANCE

If you are 15 or more minutes late for an appointment, you may be required to reschedule for another day and may be responsible for a missed appointment fee.

CANCELLATIONS

Advance notice of **24 hours** or more is required for cancellations without a fee.

Failure to provide 24 hours notice of cancellation will result in a \$50 fee

which must be paid before receiving additional treatment.

- a. Three (3) cancellations or "no shows" could result in discharge from therapy. If you are discharged from therapy, a new physician order is required to resume services.
- b. In the event of **inclement weather**, please contact our office to inquire about the clinic status regarding opening/closing times.

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