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| --- | --- |
| Initial | Policies |
|  | Physical Therapy Plus, Inc. is always happy to bill your insurance. If there are any changes to your insurance while you are being treated, it is the patients’ responsibility to make sure that we have the new and correct information. This includes retaining an attorney when we are billing your accident insurance. |
|  | All patient shares, this includes co insurance, co pays, deductibles, and self-pay amounts, are due at the beginning of each appointment. Please have payments ready upon arrival. If you are unable to pay, arrangements need to be made prior to the appointment. We accept cash or check and are able to run credit/ debit/ FSA cards for a 4% fee. |
|  | If for any reason you are unable to attend your scheduled appointment, we require **24 hours’** notice for all cancelations. There is a fee of **$50.00** for every no show or late cancelation, this amount is due prior to your next scheduled appointment. |
|  | Physical Therapy Plus, Inc. always makes an effort to confirm appointments one day prior to the appointment. We can confirm appointments by phone call, text or email. It is the patients’ responsibility to attend scheduled appointments, even if there is no confirmation call. Please see below to specify how you would like to have your appointments confirmed. |
|  | If at any time you need a copy of your medical records, we will provide one copy to the patient at no charge. Subsequent requests will be billed to the patient at $.25 a page. Requests may take up to one week for completion. |
|  | Inclement weather is always something we have to consider in New Mexico, if you are unable to attend an appointment due to weather conditions the $50.00 late cancelation fee will be waived. We want our patients to stay safe! |
|  | HIPAA regulations are very specific about who we can share your confidential patient information with. If there is someone who you would like us to be able to speak to about your treatment or any billing questions, please fill out and sign a medical information release form. This includes spouses and parents of children 18 years and older. See below. |
|  | We routinely send reports to your referring physician, if there is another medical office that you would like progress notes sent to, please specify below including the phone number and fax number.  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_ Fax Number \_\_\_\_\_\_\_\_\_\_ |

**Confirmations**

How would you like your appointments confirmed? Call \_\_\_\_\_ Text\_\_\_\_\_\_ Email\_\_\_\_\_\_

May we leave massages at the phone numbers provided on the intake sheet? \_\_\_\_\_\_

Text Number \_\_\_\_\_\_\_\_\_\_\_\_ Cell carrier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Release of Medical Information**

I authorize Physical Therapy Plus, Inc. to discuss medical and billing issues with the below listed people/ practitioners.

Name Relationship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_

Patient or Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_