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PRACTICE POLICY

Welcome to Gold Medal Physical Therapy, LLC

We have found that communication with our patients regarding our policies assists us in providing the best service to you. Please take the time to carefully read and sign our Practice Policy.

Our office is happy to cooperate with patients covered by insurance; however, you are responsible for knowing your insurance plan and benefits. Your insurance coverage is a contract between you and the insurance company, not a contract between our office and your insurance company. Our office will assist you with your insurance claim; however, regardless of your insurance coverage, responsibility ultimately falls on you, the patient, to make sure claims are paid accordingly.

SCHEDULING: We will make every effort to schedule an appointment at the most convenient day and time for you. Please give 24 hours advance notice if unable to keep a scheduled appointment so that we may use that time for another patient. Cancelled appointments without advanced notice and missed appointments will be subject to charge of \$50 per appointment. If you need to change an appointment, we will make every effort to accommodate your busy schedule. We suggest that you schedule your appointments two or three weeks in advance, whenever possible. This is for your convenience as well as ours. After the third cancellation *or missed appointment* you will be referred back to your physician to renew your physical therapy prescription.

It is our policy to leave a message on your answering machine unless notified otherwise.

CO-PAYS: All co-pays are due at time of visit unless prior arrangements have been made. Any co-pays not paid at time of service are each subject to an interest accrual and/or \$5.00 processing fee unless prior arrangements have been made. Please be advised of your Physical Therapy benefits prior to your first visit. It is your responsibility to know your insurance policy coverage.

OUTSTANDING BALANCES: Please be advised, interest of 1.5% per month will be applied to any outstanding balances over 60 days in duration.

PRESCRIPTIONS: Depending on your insurance policy, you may need a valid prescription from a Maryland State Licensed Physician, or a special referral from your primary care physician for physical therapy. It is the patient's responsibility to ensure the prescription is up to date and valid.

MEDICARE: Medicare patients need to be aware of the prescription requirements of their insurance. According to Medicare guidelines for physical and occupational therapy, prescriptions for therapy expire after 30 days.

INSURANCE: We are happy to bill your insurance company as a courtesy and convenience if we are provided with appropriate billing information. If we do not receive proper information, payment may be required at the time services are rendered. **PLEASE NOTE: it is your responsibility to know your insurance policy coverage in regards to physical therapy services.** In the event your insurance company forwards payment for physical therapy services to you, you will be responsible to deliver such payment to Gold Medal Physical Therapy, LLC.

NO INSURANCE: We are happy to provide services to patients not participating in a health insurance program, but we must ask that payment be made at the time services are rendered.

MEDICAL SUPPLIES: The patient will be responsible for the cost of any durable or medical goods supplied by Gold Medal Physical Therapy, LLC in the event that the insurance carrier does not cover these expenses.

AGREEMENT/AUTHORIZATION

A patient's medical records are considered private and confidential, and we value our patient's privacy. However, it may be necessary to provide copies of a patient's chart to insurance companies and/or an attorney to settle a dispute or facilitate payment. In order for us to provide this information, we must have your authorization. Without authorization, your account may remain unpaid and we may bill you directly for continued unpaid balances. Therefore, your signature below indicates your authorization for all uses required to obtain payment on your account.

I understand and agree that I am financially responsible and liable for payment for all charges assessed to me for professional services rendered by Gold Medal Physical Therapy, LLC. I understand that I am ultimately responsible for all charges regardless of my existing medical coverage. In the event that my insurance company forwards payment for physical therapy services to me, I will deliver such payment to Gold Medal Physical Therapy, LLC immediately.

I understand and agree that if it becomes necessary for Gold Medal Physical Therapy, LLC to commence any legal action or obtain an attorney for collection of any outstanding charges on my account, I will be responsible for all reasonable fees incurred by Gold Medal Physical Therapy, LLC, in addition to such balance.

**A copy of our Notice of Privacy Practices and Practice Policies can be found on our website www.goldmedalpt.com