

PAYMENT POLICY



1. All patient co-payments are due in full at time of service.
2. Idaho Physical Therapy will gladly bill your insurance company for you according to the services and procedures performed during your visits; however, please remember that it is your responsibility to know exactly what your insurance plan covers.
3. Patients who are not covered by an insurance company must pay in full at the time of service. We have self-pay options available; please ask for details.
4. If payment arrangements are necessary, we will be happy to work out a payment schedule with you to clear your account. Monthly payments are required to keep accounts open and out of collection status. Please contact our billing department if you have any questions.
5. Idaho Physical Therapy will submit bills to your insurance company for services rendered. After this, the bill is considered your responsibility, regardless of whether your insurance company makes payment.
6. If you are seeking treatment as part of a workers' compensation claim, understand that if your claim is denied, you will become responsible for the charges accrued during your time of service.
7. If you have any questions regarding these policies, please contact us before services begin.
8. This form is informational in nature only and is intended to communicate to you our payment policies. These policies do not change in the event that you refuse to sign this form.

ATTENDANCE POLICY

Please carefully review the following guidelines concerning your scheduled visits here at Idaho Physical Therapy. The following information has direct implications on the success of your treatment.

- A 24 hour notice either by phone or personal visit is expected when canceling a scheduled appointment. After-hours voicemails are also acceptable as long as they are at least 24 hours in advance.
- You will be charged \$10 for each appointment cancelled without 24 hours notice.
- A charge of \$15 will be assessed to persons who simply fail to show up and who do not call at any time to inform the office of their inability to attend their appointment.
- This charge is to be paid by you, not your insurance company, at the next scheduled visit.
- Patients will be given one "grace" no show/cancellation, after which fees will be charged.
- Patients whose accounts have been on "hold" (meaning you are waiting to come back to therapy for any reason) for more than 30 days will be discharged.

NOTICE OF PRIVACY CONSENT FORM

I have been presented with a copy of Idaho Physical Therapy's Notice of Privacy Practices, which explains:

- How this office will use and disclose my protected health information
- My privacy rights in regard to my protected health information
- This office's obligations concerning the use and disclosure of my protected health information

I understand that the Notice of Privacy Practices may be revised from time to time and that I am entitled to receive a copy of any revised Notice of Privacy Practices upon request. I also understand that if I have any questions or complaints, I may contact this office.

I have read and understand all the terms stated above.

Guarantor or Patient Name (please print)

Guarantor or Patient Signature

Date