



## Payment Policies and Notice of Privacy Practices

1. Due to the number of different insurance plans, we cannot know the specifics of each plan. **Therefore**, it is the patient's responsibility to know their benefits.
2. Patients who are not covered by an insurance company **MUST** pay in full at the time of service. We do **offer a self-pay plan** to help with expenses.
3. Co-payments are due at the time of service and **physical therapy services are subject to deductibles and co-insurance.**
4. Bird Physical Therapy will submit claims to the patient's insurance company for services rendered, after which, the bill is considered the patient's responsibility. All patients will be billed monthly in order to keep them informed of their financial responsibility after insurance has paid on the claim(s).
5. Patients will be assessed a \$30 fee for any checks that are returned for insufficient funds.
6. Any patient who has not submitted a payment within 60 days after billing, will be referred for collections. Patients will be assessed a \$50 collection fee for all accounts requiring the services of a collection agency. **If the case goes to court, the patient is responsible for all court filing expenses.**
7. We will accept, and recommend, any partial payments beyond the Co-payments at the time of service. This will allow you to make frequent, smaller payments and will lower the final balance that may exist when you have completed your treatments.
8. We are happy to arrange a monthly payment schedule if necessary.
9. Please contact Bird Physical Therapy within 30 days of the first billing for any disputed accounts.
10. **HIPPA:** Health Insurance Portability and Accountability Act, a US law designed to provide privacy standards to protect patients' medical records and other health information provided to health providers.

If you have any questions regarding these policies, please contact Cindy or Erin before services begin.

**I understand that I may obtain a full copy of the notice of Privacy Practices (HIPPA) upon request.**



## **Consent, Authorization, and Assignment of Benefits**

1. I hereby give my consent to evaluation and treatment by Bird Physical Therapy.
2. Bird Physical Therapy is authorized to release any information it deems appropriate concerning my health condition to any insurance company or adjuster in order to process claims for reimbursement of charges incurred by me at: BIRD PHYSICAL THERAPY, 535 GATEWAY DRIVE, LAWRENCE KANSAS 66049.
3. I hereby assign to Bird Physical Therapy, as direct payment of any sum I now or hereafter owe for all services and expenses associated with its treatment of me, the proceeds of any monies received by me, presently or in the future, from any insurance company, including Medicare/Medigap, obligated to reimburse me for the services and expenses associated with my treatment at Bird Physical Therapy.
4. I hereby grant Bird Physical Therapy a lien against the proceeds of any settlement with, or verdict against, any third party who is liable for my injuries. The lien is to be limited to the amount owed by me to Bird Physical Therapy for the services and expenses associated with its treatment of me.
5. In the event any insurance company contractually obligated to pay the charges for Bird Physical Therapy's services refuses to make payment, I hereby assign to Bird Physical Therapy the claim that exists in my favor against any such company and authorized Bird Physical Therapy to prosecute such claim either in my name or its name, as it sees fit. I further authorize Bird Physical Therapy to compromise, settle or otherwise resolve the claim as it relates to the billing of Bird Physical Therapy as it sees fit. It is understood that until reasonable efforts have been made to collect the sums due from the insurance company, or companies contractually obligated, Bird Physical Therapy will refrain from attempts and efforts to collect the amount owed directly from me. I understand that whatever amount not collected from insurance proceeds, I personally owe to Bird Physical Therapy.





## **Cancellation and No-Show Policy**

- A 24-hour notice, either by phone or personal visit, is expected when canceling a scheduled appointment.
- Messages which are left on the answering machine after hours are also accepted means to cancel appointments, as long, as they are 24 hours in advance.
- A charge of \$50 will be assessed to persons who simply fail to show up and who do not call at any time to inform the office their inability to attend their appointment.

Please understand that your pain may increase or decrease during the course of your treatment. This is not a sufficient reason to miss any scheduled appointment(s). If you are feeling worse or better after treatment, please continue to attend your appointments as this will give our therapists a chance to address your progress.

Patients are to avoid bringing small children to their appointments. We, realize, however, this is not always possible. In the event, that your children must be with you at your appointment, we ask that they be supervised by someone else who is with you, and that they remain, in our waiting area, at all times. This is both for their safety as well as the other patient's privacy.

Thank you for your cooperation. Please address any questions or concerns you have to our office management.

**The Patient Information Form that you sign: states you acknowledge, agree, and understand the Bird Physical Therapy policies (3 pages).**