

Financial Agreement & Confidentiality Statement

Empire Health & Wellness Center, DBA & Empire Fitness & P.T., PC

Managed Care Contracts

It is understood that Brendan Sullivan, PT et al participates with most insurance plans. As a participating provider, the office will bill on behalf of the patient and accept the insurance approved as payment in full. The patient is responsible for all co-payments, co-insurance, deductible and non-covered services. If for any reason the insurance company fails to make payment, it is understood that the patient will ultimately be responsible. Payment for service is required at the time of service.

Referrals/Authorizations

Many insurance companies require referrals or authorizations for treatment. It is understood that the patient is responsible to obtain the referral or authorization prior to initial treatment. In some cases, the office will obtain subsequent authorizations for additional services. You, as the patient, will be notified by the office when you need to obtain a new referral.

We strongly encourage you to contact your insurance carrier and familiarize yourself with their policies and coverage of rehabilitation and physical therapy services.

Self Pay

If it happens that Brendan Sullivan, PT et al does not participate with your insurance company or your coverage expires and you agree to be seen for treatment, you will be seen on a self pay basis. The patient agrees to assume full responsibility of the service fee at the time that the service is rendered. An itemized bill can be provided to those seeking reimbursement from their insurance company.

Missed Appointments

We set aside scheduled time slots for each of our patients. When a patient does not cancel or gives little notice of cancellation, we cannot make arrangements to fill that slot with another patient appointment. Missed appointments cannot be billed to your insurance company. You will be responsible for all missed or rescheduled appointments with less than 24 hour notice at 50% of the regular rate. No exceptions.

Additional Charges & EFT Balance Billing

A \$10 service fee will be charged if a payment is not made at the time of the visit. A \$25 service fee will be charged for all returned checks and no further checks will be accepted. Missed co-payments, co-insurances, deductibles not made at the time of the visit will be billed to you by our billing company or office. Past credit card statements and checks can be utilized via EFT (Electronic Funds Transfer) to settle all related balances if no payment is received after 30 days of being billed for these charges. Additionally, patients whom join our fitness center and whose membership agreement requires a term contract may have the account billing information updated with any payments made for physical therapy services.

Confidentiality Statement

I understand that what is discussed in treatment will be kept confidential in accordance with the law, HIPPA Regulations, and recognized professional standards. I understand that only I can give up my right to privacy by signing a release of information. I also understand that the limits of confidentiality do not extend to:

- Situations involving child abuse or neglect;
- Situations that our office staff believes that I might harm myself or another person;
- If a court law issues a legitimate subpoena

I understand that this statement extends to Brendan Sullivan, PT and his professional staff. I understand and permit Brendan Sullivan, PT & assigned billing company to release information to my insurance company to process claims including any written reports requested.

Agreement

I certify that I have read this form and understand the terms listed in it. By signing this form, I agree to the terms and conditions in it.

Signature: _____ **Date:** _____