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### **Medicare & Medicaid Financial Policy Statement**

Focus Physical Therapy will bill your primary and secondary insurance.

We cannot bill your insurance without a copy of the front and back of your current insurance card. We must have proper documentation provided by the patient at the initial visit, including doctor's referral. Doctor's referrals are good for 60 days, if your treatment plan is longer than 60 days, you must get a new doctors referral.

Focus Physical Therapy agrees to accept, as payment in full, the amount paid by the Medicaid program for those claims submitted for payment under that program, with the exception of authorized deductible, coinsurance, co-payment or similar cost-sharing charge.

Patients or Authorized person's signature below authorizes the release of any medical or other information necessary to process your insurance claims. Patient authorizes payment of government benefits either to the patient or to Focus Physical Therapy.

### **Consent for Treatment**

I agree to give my consent for Focus Physical Therapy to furnish physical therapy services to \_\_\_\_\_ that are considered necessary and proper in the treatment of his or her physical condition.

### **Authorization for Disclosure of Medical Records**

I authorize Focus Physical Therapy to release copies of the physical therapy records and billing statements to my insurance company for the purpose of billing for the services received.

### **Cancellation/No Show Policy**

- The appointments made represent time set aside specifically for you. All cancellations should be made at least 24 hours prior to the scheduled visit except in the case of illness or emergency.
- Patients who cancel or no show on three separate occasions without good cause will be allowed to schedule additional appointments only at the discretion of the treating therapist.

### **Information Privacy Statement**

Focus Physical Therapy will use and disclose your personal health information to treat you, to receive payment for the care we provide, and for other health care operations. Health care operations generally include those activities we perform to improve the quality of care. A detailed Notice of Privacy Practices to help you understand our current policies is posted in our office. The undersigned acknowledges receipt of this information.

I understand and agree to the Financial Policy Statement, Consent for Treatment, and Authorization for Disclosure of Medical Records, Cancellation/No Show Policy and the Information Privacy Statement above:

**Patient/Guardian** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_