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BUSINESS POLICIES AND PROCEDURES
How payment and scheduling is done

Initial evaluation:

- Order required by your referring provider
- Will take up to 120 minutes
- Will include a treatment

Follow-up appointments:

- The number and frequency of follow-up appointments will be determined by your diagnosis and how well you are responding to treatment.
- Will last between 45 and 75 minutes
- Will end when your goal has been reached or if physical therapy treatment is no longer the best course of action for your situation.

Scheduling:

- Please contact me via phone call, text message, or email to schedule
- I do not use social media to make appointments
 - Phone - (607) 708-1110 (accepts text messages)
 - Email - epbstudio.88@gmail.com

Cancellation policy:

- Please contact me 24 hours in advance to cancel or reschedule.
- Failing to do so may result in a \$25.00 fee.
 - Exceptions to this may include inclement weather, sickness, or emergency.

Payment:

- Please come prepared to pay via cash, check, credit card, or insurance.
 - Payment must be made at time of service for self-pay, co-pays, and deductibles.
- The final charge will depend on the types of treatment received and the amount of time spent on each treatment.
- You will be given an estimate for the cost of therapy after the initial evaluation
 - Those paying with cash can request a "good-faith-estimate"
 - Please inform me before we start if you have insurance/Medicare but want to pay with cash anyway
- You will receive an explanation of benefits from your insurance which may include co-insurance payment due to this office.
 - You will also receive an invoice that includes any outstanding balance at the end of your physical therapy sessions.

- **Acceptable forms of payment include: cash, credit card, paypal, checks, medical savings account cards, and insurance**
 - **If I receive an overdraft notice for a check of yours then a \$25.00 fee will be added to your account.**
 - **If payment is late then a late fee of \$25.00 will be added to your account.**
 - **Failure to pay charges may result in legal action and termination from this practice.**

Insurance:

- **Please ask if I accept your insurance**
- **If you choose to pay with insurance, please present your card at the first visit and check your plan regarding co-pays, coinsurance, deductibles, or non-covered services.**
- **By signing this consent form, you agree to let me submit claims to your insurance.**
- **Please inform me before we start if you have insurance/Medicare but want to pay with cash instead**
- **Please inform me immediately of any changes to your insurance coverage.**
 - **A delay in updating your insurance information may result in a delay in your care.**

Equipment fee:

- **You may be asked to pay an equipment fee for equipment that is yours to use at home**
 - **Therabands (up to 3 levels) \$12.50**
 - **\$4.00 each additional band**
 - **Theraputty (up to 3 levels) \$25.00**
 - **\$8.00 each additional putty**
 - **Orthotics/braces/devices**
 - **Not purchased by the physical therapist**
 - **Can be purchased online or in stores**
 - **May not be covered by insurance**
 - **Generally under \$100.00**

Refunds:

- **No refunds are given for services that have been completed and no charge-backs on credit cards are allowed.**

Damages:

- **If you are responsible for any damages to any person or the facilities due to your neglect, recklessness, or willful action while receiving physical therapy at this practice, then you agree to pay for those damages.**

For additional information on the bulleted points above, please see explanations below.

My Services include the following:

- An initial evaluation to determine a physical therapy diagnosis and treatment after having received a referral from a licensed physician, dentist, podiatrist, nurse practitioner, or licensed midwife. The referral must be within the level of competency and definition of the practice for the referring provider.
- Physical therapists in New York may offer "direct access" for physical therapy treatment that occurs for 10 treatments or within 30 days whichever comes first. However, I do not offer direct access services and require a referral from your provider for ANY physical therapy *treatment*.
- A referral is not required for physical therapy *evaluation* or *prevention* in the state of New York. However, if people are seeking physical therapy services and are apparently healthy or have well-managed health conditions, then they must be cleared for activity by their provider and enter into a different agreement with me that is specifically for physical therapy *activity* only and is not for the purpose of treating a diagnosed illness, injury, or other health condition as determined by your health care provider.
- My services may consist of evaluation, treatment, or prevention of disability, injury, disease, or other condition of health using physical, chemical, and mechanical means including, but not limited to heat, cold, light, air, water, sound, electricity, massage, mobilization, and therapeutic exercise with or without assistive devices, and the performance and interpretation of tests and measurements to assess pathophysiological, pathomechanical, and developmental deficits of human systems to determine treatment, and assist in diagnosis and prognosis.
- I will involve you in the development and implementation of any treatment goals and interventions.
- The number and frequency of follow-up appointments will be determined by my assessment of your diagnosis and progress with treatment. It will vary from patient to patient.
- Physical therapy treatment will come to an end when your goal has been reached or if physical therapy treatment is no longer the best course of action for your situation. You may also choose to stop at any time.

Scheduling and appointments: Please contact me via phone call, text message, or email to schedule your appointments.

Phone - (607) 708-1110 (accepts text messages)

Email - epbstudio.88@gmail.com

Emails, text messages, and social media posts with this practice ARE NOT SECURE and therefore ARE NOT HIPAA COMPLIANT. When contacting me via email, text message, or social media, please keep communications simple such as directions to the PT clinic or appointment information. Please wait until we talk on the phone or your appointment to share any personal health information or personally identifying information.

It is a priority of mine to be attentive to a patient's need to get in touch with me. I very rarely check social media (Facebook/Messenger) so please use either phone call, text message, or email. I will do my best to respond within 24 hours on weekdays. Should you contact me on Friday, Saturday, Sunday, or a holiday, I will respond by the next business day.

Cancellation policy: If you need to reschedule or cancel an appointment, please do so 24 hours in advance of your scheduled time. Failing to do so may result in a \$25.00 fee. Exceptions to this may include inclement weather, sickness, or emergency.

Fees: Fees for physical therapy are based on the usual, customary, and reasonable rates for this area. The final charge will depend on the types of treatments you receive and the amount of time spent receiving those treatments. The nature of your physical therapy experience (type and time length of treatment) is based on your medical needs.

Payment: Payment must be made at time of service for self-pay, insurance co-pays and/or deductibles. An invoice will be issued for co-insurance after an insurance claim has been made and the insurance company has returned to me an explanation of remittance. Please come prepared to pay via cash, check, credit card, or insurance. There will be a \$25.00 fee for overdraft checks. Charge-backs on credit cards are not permitted.

Insurance: Please check with your insurance regarding co-pays, coinsurance, deductibles, or non-covered services. Proof of insurance is required at your first visit. If you do not have proof of insurance you will be asked to pay for the visit another way or reschedule the visit. If your insurance changes before we finish all of the physical therapy appointments needed for your medical care, then please share the change in insurance immediately to avoid late fees for the disruption in payment. By signing this consent form, you agree to let me submit a claim to your insurance. If you do not want me to charge insurance, that must be made clear at the first visit where you agree to pay for physical therapy with cash-payment. I will give you a "Good Faith Estimate" on what you will be charged and expected to pay out-of-pocket.

Cash Payment: If you pay with cash either because you do not have insurance or you choose to not use your insurance, then you will be provided a "Good Faith Estimate" for the cost of the predicted physical therapy treatments needed for your condition before treatment begins. This cost will reflect the usual, customary, and reasonable charges for physical therapy in this area. The final charge will not exceed \$400.00 or more over the original estimate.

Refunds: No refunds are available, in full or in part, for any physical therapy services that have been completed.

Charge-backs: In the event that a charge-back is placed or I receive a charge-back threat after you have received your service, I reserve the right to report the incident to all three credit reporting agencies or to any other entity for inclusion in any charge-back database or for listing as a delinquent account which could have a negative impact on your credit report score. The information reported will include your name, email address, order date, order amount, and billing address. Charge-back abusers wishing to be removed from the database shall make the payment for the amount of the charge-back.

Late Payments & Non-Payment: If a payment is late you may be assessed a late fee of \$25 in addition to the amount of the physical therapy session. If your payment has not been made for more

than 60 days and arrangements for payment have not been agreed upon, you agree in advance that I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, you will be billed additional charges to cover the cost of time and expenses incurred by me in obtaining payment, including legal fees, and these costs will be included in the claim. In the case of collections, typically the information that is released to the bill collector is the client's name, the nature of services provided, and the amount due. I hope I would not need to resort to collections to secure payment, but should that be the case, you are consenting to the release of this and any other relevant information should collections efforts become necessary. If your balance remains unpaid you will be discharged from this physical therapy practice and notified that you will have 30 days to find alternate medical care.

Bartering: Unfortunately, I am not legally allowed to barter with patients for the compensation of physical therapy services of any kind, treatment or activity.

Limitation of Liability and Release of Claims: You agree to pay for all damages to any person and the facilities caused by any negligent, reckless, or willful action that you may take that may arise while receiving services under the care of the practitioner. You waive and release the practitioner from any and all liability, damages, causes of action, allegations, suits, sums of money, claims and demands whatsoever, in law or equity, which you may have or claim to have in the future against the practitioner arising from your past or future participation in, or otherwise with respect to, anything related to and including the services, to the fullest extent permissible by law.