

## The Physical Therapy Clinic, Inc. dba Axis Physical Therapy

**Important Policies for a Successful Relationship:** To provide you the best personalized care available we adhere to very important policies. Please read carefully and indicate your agreement by signing at the bottom.

**\*Late Policy** Late arrivals may be rescheduled so that other patients may be seen on time. There are no guarantees since openings due to cancellations are unpredictable.

**\*24-Hour Advance Notice Fee:** If you wish to cancel or change an appointment, we require 24-hour advance notice, or a **\$10 fee** may be assessed. We reserve the time of our therapists, staff, and equipment for YOU! Proper advance notice allows another patient time to make an appointment in place of you and keeps the clinic operating at its most efficient level. *Please be courteous and responsible. Thank you!*

**\*No-show Fees:** If you fail to show for an appointment without advance notice, we may require you to pay a **\$35 fee** to continue your treatment. Additionally, ALL FUTURE APPOINTMENTS MAY BE REMOVED. *Please call if you can't make it!*

**\*Copays are due upon arrival:** Please be prepared to pay at the beginning of each visit or make advance arrangements. Estimated co-insurance amounts and cancellation / no-show fees (if applicable) are due upon arrival as well.

**\*Insurance:** We will file your insurance claims as a courtesy. You are responsible for providing us with accurate insurance information at the time of your visit. This includes any changes in your insurance plan or policy as well as ALL FORMS OF COVERAGE if you have multiple forms of insurance. Failure to do so may result in denial of coverage, the fees for which you will be held responsible. Your insurance coverage is a contract between you and your insurance company. We will do all we can to assist you in receiving coverage for services provided, but ultimately it is your responsibility.

\*If you have or have applied for MEDICARE PART A or B (or DISABILITY) notify us immediately!

\*\*If we are treating you for injuries from an auto accident, it is our normal policy to bill any auto payers first for a payment decision, unless circumstances dictate otherwise.

**\*Explanation of Benefits (EOBs):** Correspondence from your insurance company may identify our office as "*The Physical Therapy Clinic, Inc.*" That is our legal name and Axis Physical Therapy is our "doing business as" (dba) name.

**\*Financial Responsibility:** You are financially responsible for your account. We outsource our billing to Medical Billing Center (MBC). Your statements will have a return address of "AXIS PHYSICAL THERAPY, PO BOX 629 MAULDIN, SC 29662". If you receive correspondence from this address, it is important that you review it carefully and take appropriate action.

**\*Cell phones must be turned OFF or silent:** We realize emergencies may arise and therefore allow you to carry your cell phone during your session; however, please be courteous and set to silent mode or turn off.

**\*Phone messages:** You may receive phone messages from our office or agent including those from an automated dialing system to any phone number you've provided on this form regarding your treatment or financial responsibility.

**\*Children requiring supervision are NOT allowed to attend sessions with you:** You may not bring children who require supervision with you to your appointment. If your child does not require supervision and is capable of waiting for you quietly then you may bring them. You may be asked to terminate your session early and attend to your child for disturbances.

**\*Gym Exercise:** If you are scheduled to exercise in our gym, please wear loose, comfortable clothing and rubber soled shoes. For your safety, your gym appointment may have to be rescheduled if your resting blood pressure is greater than 190/100 (either number), or your resting heart rate is greater than 120 beats per minute.

**\*Patients, don't break the law!** Important Notice from the Federal Government: It is unlawful to routinely avoid paying your copay, deductible or coinsurance payments . . . even if your doctor allows it. Unless you complete a "Financial Hardship" form and qualify for financial assistance under Federal Standards, you may NOT routinely evade paying your responsibility portions for medical care as outlined in your insurance plan. Failure to comply places you in violation of the following laws: Federal False Claims Act, Federal Anti-Kickback Statute, Federal Insurance Fraud Laws, State Insurance Fraud Laws. Please contact the Office of Inspector General, Department of Health and Human Services for further information.

**We look forward to building a relationship with you that will last a lifetime!**

Patient (or Responsible Party) Signature \_\_\_\_\_

Date \_\_\_\_\_