Physical Therapy (Medicare Patients)

Consent to Treat:

Physical therapy includes the examination, evaluation, and treatment of musculoskeletal related conditions. Treatment techniques may include the following: soft tissue mobilization, instrument assisted soft tissue mobilization (IASTM), joint mobilization, therapeutic modalities, exercise, education and consultation. The goal is to examine the impairments and causes for the limitations at hand which will help to eliminate your symptoms and restore your optimal level of movement and activity.

Physical therapy intends to reduce symptoms including pain and swelling however some increase in symptoms such as soreness and bruising may be a normal response to treatment and should be discussed with the Physical Therapist. You are expected to fully communicate with the physical therapist regarding any change in your symptoms to ensure proper management and any modifications necessary to achieve an optimal outcome.

I, the patient, understand the physical therapy and related services may not be a guaranteed solution to my issue but, to the best of my ability, I will do what is advised by my physical therapist as a home exercise program may be necessary on my part to see the full results. I understand I have other alternatives to treatment which can be discussed.

I, as the patient, understand the expectations, risks and benefits involved in physical therapy services. I understand I may ask any questions I have for further clarification, and have the right to refuse any component or all of the proposed treatment.

_____ I agree
[Initials]

Privacy Policy:

I authorize Stronger Performance Physical Therapy LLC to obtain my medical and contact information provided in the patient intake form and through other methods of appropriate communication when necessary.

I authorize Stronger Performance Physical Therapy LLC to communicate and release my records in physical therapy to Medicare and any referring physician.

I understand any personal information that I provide to Stronger Performance Physical Therapy LLC is confidential and will only be disclosed to third parties if authorized by me, the patient.

_____ I agree
[Initials]

Payment/Billing Policies:

Payment of any Medicare copayment shall be due at the time of service in accordance with the fee schedule provided. Fees are subject to change upon 60 days written notice. Payment for each individual session is nonrefundable.

I understand that Medicare only covers services which it deems to be medically necessary. While Stronger Performance Physical Therapy LLC will do everything possible to establish medical necessity, payment by Medicare is not guaranteed and a claim may be denied in whole or in part.

I understand that Stronger Performance Physical Therapy LLC will submit a claim to Medicare and shall accept payment from Medicare and any secondary insurance available. If

Medicare and/or any secondary insurance denies payment, I understand that I am responsible for payment in full. I also understand that I am responsible for any deductible and/or co-insurance payment.

Stronger Performance Physical Therapy LLC accepts cash (full amount), check, credit/debit cards, and HSA/FSA cards for any of the payments required to be made by patients. Any rejected payment for insufficient funds or other rejection shall result in a service of $25.00 in addition to the outstanding payment.

_____ I agree.
[Initials]

Cancellation/Late Policy:

If you must cancel or reschedule your appointment, please do so within 24 hours of the start of the appointment time. If you provide less than 24 hours' notice, you take away the opportunity for another patient to be scheduled for that time. A late cancellation/reschedule, or no-show fee of $50 will be charged.

If you are late for your appointment your treatment session duration may be reduced to eliminate the inconvenience of the patients to follow. It is the therapist's discretion to determine if there is sufficient time remaining to complete a session or if it will need to be rescheduled, however the patient will still be charged for the full session which was scheduled.

_____ I agree.
[Initials]

General Acknowledgement:

_____ I agree that all the information provided to Stronger Performance Physical Therapy LLC through all forms and communication is accurate to the best of my knowledge.

_____ I acknowledge that I received and have read all of the policies and procedures and have asked any questions I have prior to signing this form.

_____ I acknowledge that part of all of my treatment may be located in an open/non-private environment (i.e. a gym) and understand that some of my information may be overhead by others although will be minimized at every attempt. If I want a private environment I understand I may request it but understand that the schedule for services may change to accommodate the private location requested.

X _____ _____

Patient's signature **Date**

_____

Print Name