NEW PATIENT ORIENTATION/PAYMENT FOR SERVICES RENDERED

Welcome to **Looking Ahead Pediatric Physical Therapy, PLLC**. Your doctor has prescribed physical therapy for your child's condition. It is important that you understand what to expect from your treatment and what you can do to improve your chances for a successful outcome.

PRIVACY POLICY: I understand I have received and read a copy of **Looking Ahead Pediatric Physical Therapy, PLLC** HIPAA Notice of Privacy Practices. I also understand that as part of this organization's treatment, payment, or health care operations, it may become necessary to disclose my health information to another entity (my doctor, insurance company, etc.) and I consent to such disclosure for these permitted uses, including via fax or email.

Is there anyone other than a legal guardian involved in the care of your child or payment related to the care of your child that we can share your health information with? ☐ **YES** ☐ **NO**
If yes, Contact Name/phone#____

PAYMENT FOR SERVICS RENDERED

Prior to your initial evaluation, as a courtesy to our patients, Looking Ahead Pediatric Physical Therapy, PLLC will attempt to verify your child's insurance benefits and eligibility. If that is not possible, we will complete verification within 1 week of the initial evaluation. Benefits and Eligibility information will be directly communicated to the legal guardian and/or primary insurance holder. Upon your request, you may receive a copy of your child's insurance benefits to date. THIS IS NOT A GUARANTEE OF BENEFITS. If your insurance company has informed us that your deductible has not been met patient payment responsibility will be the full allowable contracted rate unless your policy states patient payment for physical therapy services is a Copay/Coinsurance only. Because of the variability among insurance group policies, *it is **YOUR** responsibility and not that of **Looking Ahead Pediatric Physical Therapy, PLLC** to understand your "Outpatient Physical Therapy" benefits with your insurance plan.*

I understand that Looking Ahead Pediatric Physical Therapy, PLLC files my claims to my insurance provider as a courtesy but does not accept responsibility for any misinformation Looking Ahead Pediatric Physical Therapy, PLLC received. I am responsible for negotiating the settlement of any disputed claims and for all charges, regardless of anticipated insurance coverage. This has been explained to me and I understand my financial responsibility.

I understand that my account is considered delinquent if over 90 days old and may be sent to an outside source for collection. I agree to pay collection costs and/or attorney fees associated with collecting my delinquent account.

CHARGES: Your visit may include distinct services, which incur separate charges. The total charges of your initial visit may include an evaluation charge, in addition to separate charges that reflect the therapeutic services that are provided (e.g.: exercise instruction, manual therapy, therapeutic activities) as well as any modality services that are provided (e.g.: taping). Subsequent visits will be billed similarly; in that, your bill will reflect charges for the various services that are provided on that visit. If you have any questions or concerns regarding the services that are being planned for a given treatment session, please alert your therapist at the beginning of the appointment so that we can better serve your needs. Additionally, since treatment services may vary over the course of your treatment, the total charges for each session may vary for different dates of service. If you would like a summary of our fee schedule, please ask for a copy at the front desk.

CO-PAYMENT: Co-pay and deductible payments are expected on the date of service.

CANCELLATION AND NO SHOW POLICY: It is very important that you keep all scheduled appointments because your child's treatment program is progressive in design. Missed appointments may reduce your child's successful recovery. If you must cancel an appointment **please give us at least 24 hours' notice**. If you do not keep your child's appointment without calling, **you may be charged a $25 office visit fee**. This will not be covered by your insurance.

> **IF YOU MISS 3 SCHEDULED APPOINTMENTS,,** a notice will be sent to your referring physician informing him/her that they treatment plan has not been adhered to and it is at your therapist's discretion to continue treatment or discharge your child. We understand there are many legitimate life events such as illness, family emergencies, hospitalization, and uncontrolled circumstances that occur and we will always take these into consideration.

RUNNING LATE: All of our treatment sessions are scheduled by appointment only. If you are more than 15 minutes late, we may need to alter your treatment program for that visit or reschedule your appointment for another day, at the discretion of your child's therapist.

THERAPY:

- Your child's first visit will consist of an evaluation to enable us to design a treatment program for your child's condition. We will explain what our evaluation findings are and review the recommended treatment program for your child.
- Please try to perform the home exercise program as instructed by your therapist. It is a **very important** part of your child's recovery. Compliance with the home program will significantly improve your child's outcome.
- Always alert your therapist if you have a negative reaction to a treatment session, or if you believe you are doing an exercise at home that is irritating your condition. This feedback is important, since it helps us adjust and individualize your program for better outcomes.

SIGN IN: Please check in with the front office once you arrive. Please sit in the waiting room until we call you to the treatment area.

I have read and understand the above information.

Signature:________________________________ Date:___________________________

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Patient's Printed Name Relationship to patient

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Parent/Legal Guardian Printed Name Relationship to patient

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