

AFFILIATED PHYSICAL THERAPY, LLC

NEW PATIENT INFORMATION

Thank you for choosing Affiliated Physical Therapy, LLC for your physical therapy needs. We will create an individualized treatment program to meet your unique needs and goals. Our staff is committed to assisting you in your return to prior level of activity. The information on this page will familiarize you with our practice and help you prepare for your first appointment. If you have any questions, please inform any of our reception staff.

You will receive treatment based on an assessment of your problem. Treatment may include, but not be limited to: moist heat, ice, exercises, aquatic therapy, myofascial release, stretching, joint mobilizations, electrical stimulation, iontophoresis, ultrasound, Anodyne therapy, and phototherapy / low level LASER. Your treatment will be designed to achieve maximum benefit and may be changed as indicated. In general, physical therapy interventions are very safe and there is very little chance of injury. The most common complaints are of muscle soreness after exercises. It is VERY IMPORTANT for you to let us know of any discomfort during treatment so that we may change/modify treatment as necessary. Please feel free to ask any questions you may have regarding your treatment. You have the right to be involved in your care and may choose not to receive a specific treatment or to defer any treatment at any time by informing us of your wishes.

ATTENDANCE POLICY

Your physician has prescribed physical therapy to reduce or eliminate your symptoms. We feel your active participation is essential to achieving those goals. Our attendance policy: If you are not able to keep your scheduled appointment, please call in advance and reschedule for a more convenient time. If you miss 3 appointments within 30 days without calling, a letter will be sent to your physician/case manager advising them of your non-compliance.

BILLING POLICY

We will bill your insurance company directly. However, we cannot bill properly if we are not provided with accurate and correct information. Although our office staff will call your insurance company to check your benefits, you should also call your insurance company if you are unaware of your physical therapy benefits. All insurance companies are different in the way they pay and many insurance benefits change from year to year. If your insurance changes during the time you are coming in for treatment, please let us know immediately. A copy of your current insurance card is needed for our files. Until we receive proper insurance information, you will be responsible to pay for your services and you are responsible for any co-payments or deductibles AT THE TIME OF SERVICE. We will work with you to help receive reimbursement from your insurance, but not all treatments are covered by all payers. You may be given the option of paying out of pocket for items such as tape or braces if your insurance carrier deems these are not a covered benefit.

MEDICARE PATIENTS

Medicare requires patients to have a current referral (specific order for physical therapy) prior to initiation of treatment. Your referral must be dated within thirty (30) days from the date you are scheduled for your initial evaluation with us. Medicare currently has a limit of \$1,880 per calendar year. Our office staff will keep track of that for you.

HUMANA

If you have Humana as your primary insurance, most plans will need to be authorized after your initial evaluation. We will get the authorization and will let you know how long they have authorized physical therapy for you.

HIGH SCHOOL SPORTS RELATED INJURIES

The patient's private health insurance is primary. The school insurance is secondary. You are required to complete a school insurance form and submit it to the insurance or bring it back to us. If this form is not completed properly, the insurance will deny payment and the patient will be responsible.

HEALTH SMART (Formerly Wells Fargo PEIA)

Patients covered through Health Smart have a 20 visit maximum per benefit year (July 1 through June 30). Included in this 20 visits per year limit is physical/occupational therapy, chiropractic care, vision, speech, and massage therapy. Please inform us if any of these services have been performed elsewhere. Any services performed over this benefit will be denied by your insurance and you may be responsible for payment. On July 1, 2012 Health Smart / PEIA / Wells Fargo changed benefits. Now you will have a \$10 co-pay per visit **plus** a 20% co-insurance that will be applied.

WORKERS COMPENSATION

If you are covered by Brickstreet Insurance, after your claim is approved, they will allow 28 visits within sixty (60) days from your date of injury. With Brickstreet and all workers compensation insurance companies, you are required to provide the following information prior to starting therapy: date of injury, employer at time of injury, claim number and any required authorizations for treatment. Medical insurance must also be provided in the event that payment/services are denied.

MOTOR VEHICLE ACCIDENT / LITIGATION

If you were involved in a motor vehicle accident, no matter who may be at fault, you will be responsible for your bill. Please read the motor vehicle accident form for details.

Origination - 6/30/11

Updated – 10-5-12