



PATIENT AND CLINIC POLICIES

Insurance Policy

As the patient, it is ultimately your responsibility to paying for medical costs not covered by your insurance. Should you have any questions regarding your insurance coverage and copayment obligations, we will be available to help. In order to minimize the amount you must pay, you are responsible for providing the correct, up to date information regarding any, and all, insurance coverage you have. All patients are responsible for securing and maintaining an updated prescription or referral from the physician should it be required by your insurance.

If you have commercial medical insurance, you are responsible for providing correct information to us for insurance verification. Furthermore, prior to your initial evaluation, you are responsible for obtaining and completing any specific insurance forms required by your specific insurance company for us to receive payment for your therapy services. All deductibles and co-pays are due each time services are rendered.

Amanda Detrich, PT, DPT is a non-Medicare Provider. We do not have a provider number with Medicare. Because we do not have this number, Medicare will not cover services with us that are deemed "medically necessary". Unfortunately, this means that even if the patient is comfortable paying out of pocket, we legally cannot see them. Medicare's concern is that Medicare patients should not be taken advantage of and that even if an "Advance Beneficiary Notice" of non-Medicare coverage is signed, it does not assure that the Medicare patient understands that they are not eligible for reimbursement.

We are able to evaluate Medicare patients whose goals are NOT medically necessary, or as Medicare puts it, those who are looking to be seen for "wellness and maintenance" reasons. (For example, athletes with hip pain hindering them from competing). For these services, you will receive a statement without any medical coding. Without medical coding, statements cannot be submitted to insurance for reimbursement.

Financial Policy

Commercial Insurance Coverage

If your plan has a copay requirement, you will be asked to pay your co-pay prior to being seen. If you have a remaining deductible on your plan we will invoice you for any remaining balance once your insurance processes the claim. If you have coinsurance we will ask that you pay a corresponding dollar amount to the percentage you are responsible for. We will invoice you for any remaining balance once your insurance processes the claim.

Self Payment

Evaluation sessions are scheduled for one hour at the cost of \$200. Follow up sessions typically last 45-55 minutes at the cost of \$135. Each case will be closed 30 days following the last attended session. Self pay services are to be PAID IN FULL at the time of service. If Momentum Physical Therapy does not participate with your insurance provider we are happy to provide you with an electronic receipt of payment upon request.

Trigger point dry needling

Trigger point dry needling is a service that is offered on a cash-based schedule at this time. Dry needling included as part of your physical therapy plan of care if offered at the cost of \$30 per session in addition to any insurance responsibility you, the patient, may have. As an individual service, dry needling is offered at the cost of \$75 per 30 minute session. Cost for dry needling, as self pay, or part of your physical therapy plan of care, is due at the time of service.

Scheduling and Cancellations

Scheduling, and keeping, your therapy appointments is imperative to your recovery. Your appointments will be scheduled according to your therapy needs. If you are unable to keep an appointment, kindly give 24 hours notice and reschedule for the same week if possible. **Cancellations in less than 24 hours or failure to show for an appointment will result in a charge of \$50 at the responsibility of the patient.**

Privacy Practices

This Notice of Privacy Practices ("Notice") describes how we may use and disclose your health information to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to your health information. Below is a brief summary of our obligations and your rights, followed by a more detailed description. Please review it carefully.

You have the right to:

- Receive a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Receive a list of those with whom we've shared your information
- Receive a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

We may share your information as we:

- Treat you
- Bill for your services
- Help with public health and safety issues
- Conduct research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

We are responsible to:

- Maintain the privacy and security of your protected health information.
- Let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- Follow the duties and privacy practices described in this notice and give you a copy of it, Not use or share your information other than as described here unless you give us permission in writing. If you give us permission, you can change your mind at any time. Let us know in writing if you change your mind.

I hereby acknowledge that I have read and understand the above statements.

Patient/Guarantor Signature

Date