



HIGH LINE REHAB

Continue Intake...

Please fill out the details. "REQUIRED" denotes a required field.

FINANCIAL AGREEMENT

FINANCIAL POLICY: Please read and Initial below. Our Financial Policy is designed to promote due diligence and provide a proactive rather than reactive strategy. With your participation, this policy will minimize and potentially eliminate errors and miscommunication with regard to your insurance or other financial arrangements for payment. We will not become involved in disputes between you and your insurance company regarding but not limited to; deductible, co-insurance, co-payments, covered services, pre-authorization, and usual and customary charges.

REVIEW YOUR BENEFITS We urge you to review your insurance policy. Your insurance policy is a contract between you and your insurance company. Please call your insurance company with any specific questions about your policy relating to outpatient physical therapy benefits. You need to accurately verify and understand your policy's deductible, co-payment, coinsurance, visit limitation, effective annual calendar renewal date, and any pre- authorization requirements. As a courtesy, we will verify your coverage, we will not guarantee the accuracy of the information we receive. You are responsible to know your level of coverage and you are ultimately responsible for the full payment. If you have secondary insurance, you must present it at your initial visit. The same policies and responsibilities apply to the use of secondary insurance. You are responsible for the accuracy of the insurance information we use to submit the claim, and you are ultimately responsible for the full payment of your bill.

IN-NETWORK You are responsible for meeting the in-network deductible before your insurance will begin to reimburse you for the services rendered. You are responsible for copayment/coinsurance as specified in your "schedule of benefits". High Line Rehab PT PC has agreed with your insurance company to accept the in-network or preferred provider maximum allowable charge as full payment for the services rendered. There will be no balance billing for covered services. You are responsible to pay for any services or supplies that are received but not covered under your policy. Co-pays or deductibles are due at the time of service.

OUT-OF-NETWORK High Line Rehab PT PC may be out of network with your insurance and we will notify you of our network participation. If your policy has out-of-network benefits, we will accept your insurance and work with you on deductibles, coinsurance, and limitations. You are still responsible for meeting patient responsibility or upholding the agreement made between you and High Line Rehab PT. You will still be responsible for deductibles, co-payments, and/or coinsurance at each time of service. Your out-of-network benefits for outpatient physical therapy will be clearly explained in your insurance policy's "schedule of benefits". We will submit claims for payment to your insurance company.

NON-INSURANCE CASH PLANS (Self-Pay) Cash plans are exclusively a non-insurance financial agreement. Cash arrangements are exclusively separate from the In-Network and Out-Network scenarios. Cash plan receipts cannot be submitted to insurance for reimbursement. High Line Rehab PT PC offers a cash plan based on an insurance fee schedule and is for patients who have exhausted benefits during treatment, and those who wish to participate in therapist-supervised injury prevention programs. Payment must be received for the services at the time of service, in full.

MOTOR VEHICLE ACCIDENT AND WORKER'S COMPENSATION PATIENTS High Line Rehab PT PC does not accept third-party payments. In the event you are seeking treatment for injuries sustained in a car accident, you must either use and exhaust your medical payments coverage (if applicable) or use your primary health insurance. If neither of these applies to you, we require that you obtain an attorney to ensure your claims are paid. Worker's Compensation claims should be filed and approved by your employer/worker's compensation insurance carrier BEFORE you receive services from High Line Rehab PT PC

PAYMENT High Line Rehab PT PC accepts cash, checks, and all major credit cards. There will be a \$25 service charge for all returned checks. If you have insurance, balances will be considered current from the date you receive service. Patients will receive a statement every 30 days if applicable. Please ask us if you need to set up a customized payment plan.

APPOINTMENT POLICY High Line Rehab PT PC understands that many of our patients have very busy schedules. Our schedule is very flexible to accommodate our patient's needs. We do understand that situations do occur that we cannot control or plan for. If you do need to cancel your appointment, please give a minimum of 12 hour notice. A cancellation fee of \$25.00 will apply to the 2nd cancellation without a 12-hour notice. You must notify our office of a cancellation of your appointment by phone or email or your missed appointment will be considered a NO SHOW. Each appointment that is marked as a no-show will be subject to a \$25.00 charge on the first offense. A patient's refusal does not exempt them from this policy, this policy applies to every patient that is seen at High Line Rehab PT PC. This charge is not covered by Workers' Compensation or by insurance companies. It will be the responsibility of the patient to pay this charge. Thank you for allowing us to serve you, please feel free to ask us any questions concerning our services, policies, and fees. The undersigned accepts ultimate financial responsibility for services rendered.

Responsible Party Signature

Patient or Patient's Guardian, signature. **REQUIRED**

Check the box to agree. We will ask for your signature at the end before you submit the form and add it to all docs you agreed to.

I agree to terms listed and all information provided is accurate.

NOTICE OF PRIVACY PRACTICES (HIPAA)

In accordance with HIPAA privacy regulations, we are notifying you as to how medical/protected health information about you may be used and disclosed. Under the law, we are required to maintain the privacy of this information, but may need to share protected health information (PHI) with others in order to process your claims or for health care operations, which may include but are not limited to:

- 1) Receive Payment 2) Verify Insurance 3) Conduct quality assessment 4) Care Coordination Management, 5) Manage our Business
- 6) Assist other covered entities with their health or business operations 7) Accreditation, Certification, Social Services 8) Disclosure to the Secretary of the United States Department of Health & Social Services 9) Health Agencies 10) To prevent a serious threat to Health or Safety 11) Research 12) Workmen's Compensation 13) Public Health & Safety 14) Legal, National Security or Law Enforcement 15) Personal Physician, Team Physician, Athletic Director or Coach 16) To you or your designee upon written request
- 17) Other uses and disclosures of PHI only a written authorization.

HIPAA ACKNOWLEDGEMENT

By signing below, I acknowledge that I received a copy of High Line Rehab PT PC Noce of Privacy Practices. The Noce provides information about how we may use and disclose the medical information that we maintain about you. We encourage you to read the full Notice. I understand that a copy of the current Notice will be posted in the reception area, of the website (if applicable) and that any revised Notice of Privacy Practices will be made available.

Relationship to Patient **REQUIRED**

Choose one.

- Self
- Guardian

Patient or Patient's Guardian, signature. **REQUIRED**

Check the box to agree. We will ask for your signature at the end when you submit the form and add it to all docs you agreed to.

I agree to terms listed and all information provided is accurate.

If there is anything you think we need to know, please include it below.

Sign Here: