

CONSENT FOR CARE AGREEMENT

I, the undersigned, do hereby agree and give my consent for Physical Therapy & Wellness of Richmond to furnish medical care and treatment to _____ which is
(Name of Patient)
considered necessary and proper in the diagnosing or treating my (their) physical condition.

FINANCIAL POLICY STATEMENT

It is our policy to bill your insurance carrier or other provider of medical benefits as a courtesy to you, although you are responsible for the bill when services are rendered. Required co-payments and estimated co-insurances are to be made as services are rendered and arrangements are to be made for payment of all amounts not covered by your medical benefits or estimated co-insurances as soon as those amounts are known. If your medical benefits are not paid within sixty (60) days, the balance will be due in full from you.

All co-insurance percentages paid at the time of service are estimated. Your actual liability may be more. You are responsible for any difference between the estimated and actual co-insurance due.

If any payments of medical benefits are made directly to you for services rendered by Physical Therapy & Wellness of Richmond, you must promptly remit such payment directly to Physical Therapy & Wellness of Richmond.

If you do not have health care benefits or are being seen for a non-covered service, you are required and you agree, to pay at the time of service, all charges as well as any outstanding balances. Patients that elect to be "self-pay" are expected to pay at the time of service.

If you are a Worker's Compensation patient the above policy does not apply to you. Be advised, however, that you may be responsible for your charges if you Worker's Compensation claim is successfully controverted.

If you fail to make timely payment for any amount for which you are responsible, you will be responsible for all costs of collection, including court costs, collection agency fees and/or a reasonable attorney fee. For your convenience, we accept cash, checks and credit/debit cards. If you pay by check, and your check is returned for any reason, we will expect payment in full plus a return check fee of \$30.00 within 30 days of the returned check.

CANCELLATION POLICY

I understand that I may not miss any scheduled appointment without 24-hour prior notification to Physical Therapy & Wellness of Richmond. If I do not show for an appointment or do not give 24-hour notice, I understand that I will be charged a fee of \$75.00. If applicable, my attorney or worker's compensation case manager will be notified.

PATIENT PRIVACY POLICY & PROCEDURE STATEMENT

Physical Therapy & Wellness of Richmond maintains compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPPA) privacy regulations passed into law on December 20, 2000.

We obtain your voluntary consent to provide treatment and to release medical records to the appropriate entities and to those who you designate in order to provide health care treatment, obtain payment, and perform daily operations of the facility.

Our clinical and support staff uses patient information to ensure quality care and appropriate billing for services.

You may correct, amend, access, and request a copy of your medical record by signing a letter for release of your medical information. The cost for copies of medical records is in accordance with state law.

We protect all patient information within the guidelines provided by federal, state, and local government.

If you have any grievance pertaining to the privacy of medical records or wish to inquire further about how our facility manages patient information, please contact our patient coordinator at 804-325-1483.

Physical Therapy & Wellness of Richmond reserves the right to amend, change, and/or revise our privacy policy at any time in accordance with federal, state, and local rules, regulations, and guidelines.

I authorize Physical Therapy & Wellness of Richmond to discuss or release my protected health information to the following individuals:

Signature _____ Date _____
Patient/Guardian