



Policies and Procedures

Thank you for choosing Restore and Revitalize Physical Therapy to service your needs.

Please read and sign the following agreement in regards to payment, treatment, and cancellation policies. If you have any questions we will be glad to answer them.

All clients require a valid, written, **REFERRAL** from a licensed medical professional (MD, DO, PA, NP, DPM, DDS/DMD) is required to initiate treatment (**EXCEPT REIKI session**) in the state of Pennsylvania.

ATTENDANCE POLICY

- **Cancellation/No Show:** As a courtesy to our therapists and other clients trying to get scheduled, **we require a 24-hour (or greater) notice for cancellation from the time of your appointment.** This allows others on waiting lists to be seen. **ONLY** emergencies or illnesses are excusable. The full charge of your full session fee will be billed upon violation of this policy. Similarly, if you miss and do not show up for a scheduled appointment, a full session charge will be billed. This fee is not billable for reimbursement by any insurance company. We reserve the right to remove you from the treatment schedule if you cancel without 24-hour notice or if you do not show up for your appointment 3 consecutive times.
- **Arriving Late:** Appointment times have been reserved exclusively for you. If you arrive late, you will be responsible for the full bill and your session may have to be shortened in order to accommodate the clients whose appointments directly follow your session.

TREATMENT CONSENT

Restore and Revitalize Physical Therapy is highly hands-on with their treatment techniques. Though highly specialized, treatment consists primarily of manual therapy techniques and treatment forms that are published or otherwise publicly known. Forms of deep tissue massage, therapeutic exercise programs, gait training, neuromuscular re-education, myofascial release, bone and soft tissue manipulation, lymphatic massage, reiki, as well as other treatment modalities may be used.

Clients may expect a form of an home exercise program provided to them by their therapist as appropriate.

Some of the hands-on treatment techniques require deep pressure which may cause bruising and periods of increased soreness which may last from 1-72 hours. Symptoms may also change and move to other parts of the body. This is not unusual and is rarely a concern, however, please ask if you have any concerns or questions.

The number of treatments needed and recovery time can vary widely due to the age of injury, number of times injured, age of client and many other contributing factors.

There is no guarantee that the proposed course of treatment will improve my condition and it is possible, although unlikely, that the course of treatment may cause additional pain or discomfort or aggravate my condition.

I have read and fully understand the above statements. I understand the nature of the treatments at Restore and Revitalize Physical Therapy, LLC and I authorize the fully trained staff to use treatment techniques as deemed necessary for my safe and effective recovery.

PAYMENT AGREEMENT

- Thank you for choosing Restore and Revitalize Physical Therapy as your provider. Before we begin services, please sign below indicating you have read, understand and agree to the following payment policies.
- You agree to be financially responsible for all charges regardless of any applicable insurance or benefit payments, third-party interest, or the resolution of any legal action or lawsuits in which you may be involved.
- **Out-of-Network Policy.** Restore and Revitalize Physical Therapy is a fee-for-service provider. This means that Restore and Revitalize Physical Therapy is **NOT** “in-network” with any private health plans. Payment is due at the time of service and we will **NOT** bill your insurance company. Upon request, we can provide receipts with diagnosis and treatment codes which you may submit to your private insurance company. **Such receipts cannot be made available if you are a Medicare beneficiary** (see Medicare Policy below).
- We accept cash, personal checks, and credit cards.
- **Medicare Policy.** If you are a Medicare beneficiary, you understand that our licensed physical therapists are not enrolled as Medicare providers. Medicare has arduous technical and administrative requirements that must be met for services to be considered medically necessary and therefore covered benefits. We believe those requirements take unnecessary time away from the services we provide. Since the documentation and administrative processing of our services are not designed to meet Medicare’s covered benefit requirements and we are not Medicare enrolled providers, our services will not be covered (paid) in full or in part, by Medicare (including Medicare Advantage Plans) even if the same services might be considered covered benefits when provided by a Medicare enrolled provider.

We will NOT submit claims to Medicare on your behalf or provide you with a statement or billing codes that you can submit to Medicare yourself. If you want Medicare to pay for any services that might be considered covered benefits, you should seek those services from a Medicare enrolled provider.

By choosing to receive our services after being fully informed of these facts, you are agreeing, of your own free will, that you do not want Medicare involved in payment for your physical therapy services at Restore and Revitalize Physical Therapy. You agree to pay privately for the services you receive from us even if those services might be covered by Medicare if provided by a Medicare enrolled provider.

You also understand that since we are not enrolled Medicare providers and our documentation and administrative processes do not meet the technical requirements for Medicare to cover the services we provide, our services are not subject to Medicare’s maximum allowable charge. You agree that you, your caregivers, family members, authorized representatives or power of attorney will not, under any circumstance, submit our claims, invoices, receipts, statements, or treatment notes to Medicare, a Medicare Advantage Plan, or to any primary-payer private insurance for reimbursement or to obtain a denial for a Medicare supplemental insurance plan.

- **Privacy Rights.** You have a right to privacy under the Health Insurance Portability and Accountability Act (HIPAA) that includes restricting disclosure of your records and claims to your health plan, including Medicare, if you pay privately for your services at the time of service. By paying for your services at the time of service, we assume you are exercising this right to privacy and we will not disclose your medical records to any third party, including your health insurance carrier or Medicare. If you want your records disclosed to any third party in the future, you will need to obtain and sign our Disclosure to Release Protected Health Information form before we will disclose your health information.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE WRITTEN STATEMENTS AND PAYMENT TERMS.

Client Signature: _____ **Date:** _____