

# Trisha Becker Physical Therapy

## OFFICE & FINANCIAL POLICY

In this office, we have a commitment to your health and well-being. Because of this commitment, we are a low volume practice. We like to spend the time with you that we feel you need. Usually, the minimum time spent per visit is between 30-60 minutes, therefore our prices reflect the time spent under care. It is our policy to explain all procedures and fees so that you are fully educated every step of the way. Our Physical Therapy charges are as follows:

Physical Therapy Initial Visit:	\$150	Physical Therapy Exercise Check:	\$50
Physical Therapy Visit:	\$100	Skilled Therapy and Bodywork Session:	\$100
PT Health and Wellness Assessment:	\$150	Equipment or Supplies:	At cost
PT Health and Wellness Visit:	\$100		

### APPOINTMENT SCHEDULING

Our office works by scheduled appointment times. All Physical Therapy (except PT exercise check) and Skilled Therapy/Bodywork appointments normally require a forty-five to sixty (45-60) minute increment, and Physical Therapy Exercise Check appointments require a thirty (30) minute increment.

We firmly believe in the value of your time and are committed to avoiding long wait periods in our office. We try to honor your appointment time, but if you arrive late, we cannot guarantee that you will be treated that day. Please understand that if you are late, our schedule will run late from that point forward. In addition, because of the nature of our work, emergencies occasionally cause unforeseen delays. If this occurs, we will diligently work to minimize your wait time.

### TRANSFER & CANCELLATION POLICY

If you cannot keep an appointment, we ask that you call our office and notify us as soon as possible. This courtesy on your part makes it possible to give an appointment to another patient who desires to see the doctor. There is no charge to our patients because of the need to transfer or cancel an appointment as long as it is done at least 24 hours prior to the scheduled appointment time. **Monday appointments need to be cancelled the Friday prior.** We do ask, however, that you adhere to your scheduled appointments as closely as possible in order to accomplish the desired results in your case. **Failure to transfer or cancel your appointment prior to 24 hours will result in an office visit charge.**

### HIPAA POLICY

At Trisha Becker Physical Therapy, we are committed to treating and using protected health information about you responsibly. The Notice of Privacy Practices describes the personal information we collect and how we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective October 7, 2014 and applies to all protected health information as defined by federal regulators.

**Website: [www.drtrishabeckerphysicaltherapy.com](http://www.drtrishabeckerphysicaltherapy.com) Email: [tb@drtbeckerpt.com](mailto:tb@drtbeckerpt.com)**

## OFFICE AND FINANCIAL POLICY (CONTINUED)

### PAYMENT POLICY

Our office accepts cash, checks or credit. Flex spending cards are accepted as well. For physical therapy, please add an additional 4% if using a credit card. **Payment is due at the time services are rendered.**

Filing for insurance reimbursement is the responsibility of the patient. Your insurance is a contract between you and your insurance company. We will be happy to provide you with the invoice receipts needed to be reimbursed directly from your insurance carrier.

### UNCOLLECTED AMOUNTS

We will bill the patient at the end of every month for three (3) months. If a balance remains unpaid after 90 days, a 3% interest fee will be added to the balance per quarter until paid. If it becomes necessary to turn your account over to a collection agency, then a collection fee of 33 1/3% of the unpaid balance will be added to the account at that time. Before the account is turned over, the patient will be given ample opportunity to pay the account in full. If legal action must be taken against you, then the fee for court charges and summons will also be added to your balance at that time.

### SPECIAL ARRANGEMENTS

We have never denied anyone the benefits of physical therapy services because of their inability to pay our published fees. If financial hardship requires an Individual Consideration Contract, a payment arrangement will need to be discussed before treatment commences.

Thank you for understanding our office and financial policies. Please let us know if you have any questions or concerns.

### PATIENT AGREEMENT:

I have read, understood, and agreed to these Office and Financial policies and have been offered a copy of the Notice of Privacy Practices.

### QUESTIONS:

Please ask if you have any questions about this agreement or if your ability to comply with their provisions change.

\_\_\_\_\_  
*Patient/Responsible Party Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Office Representative*

\_\_\_\_\_  
*Date*