

NOTICES & CONSENT TO TREAT

Notice of Privacy Practices

By signing this form, you acknowledge that you have been offered a copy for review of Plexus Physical Therapy's Notice of Privacy Practices which is prominently displayed in the clinic and available on our website. This Notice of Privacy Practices provides information about how we may use and disclose your protected health information. Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice and if you have any questions about our Notice of Privacy Practices, please contact our Privacy Officer at (805) 876-4176.

Consent to Treat

I hereby give authorization for the performance of such rehabilitation procedures as permitted by *Plexus Physical Therapy*. Statutes under the appropriate scope of practice are, in the judgement of my Physical Therapist, deemed necessary.

Consent to Transmit Medical & Billing Records

I agree that *Plexus Physical Therapy* may provide information from my medical records to persons involved in my medical care. I authorize the release of medical information necessary to obtain payment or any benefits available to me to *Plexus Physical Therapy* for services rendered. I agree that *Plexus Physical Therapy* may obtain information from others who have provided medical care to me and/or are responsible for the payment of all or part of my bills when this information is needed in order to treat, bill, and/ or receive payment.

In the event in which Worker's Compensation is involved: I agree that the information given to *Plexus Physical Therapy* in applying for benefits under Workers Compensation is complete and accurate. I agree that *Plexus Physical Therapy* may give intermediaries information necessary to process claims.

I authorize for *Plexus Physical Therapy* to send email correspondence for billing/ balance statements, physical therapy notes and medical records.

Consent to Insurance Payment for Services

I authorize that direct payment of any physical therapy benefits available to me, such as health, auto, or other insurances for physical therapy services rendered by *Plexus Physical Therapy* be released to *Plexus Physical Therapy*.

If we are not contracted with your insurance, you may receive payment attached to Explanation of Benefits (EOB) directly from your insurance provider for services rendered. If this occurs, it is your responsibility to forward us the EOB and payments.

Consent to Self Payment of Services

I agree to pay *Plexus Physical Therapy* charges for services rendered to me during my course of treatment that are not covered by insurance or other benefit sources. I agree to provide the appropriate copays, co-insurance, and deductibles due at the time of service. I agree to pay those charges which may not be paid by my health insurance and are my responsibility per insurance benefit. If I do not pay for charges that are my responsibility, I understand that there will be additional charges for collections costs.

Notice of Courtesy Insurance Coverage Review

As a courtesy, *Plexus Physical Therapy* will report your estimated deductible and copayment/coinsurance amount from the information received from my insurance carrier. The information we receive from your insurance carrier is not a guarantee of benefit or payment. I understand I am encouraged to contact my insurance directly to confirm and clarify the details of my coverage.

Consent to Cancellation & No Show Policy

I understand that when I schedule an appointment, I am reserving the time of my therapist and resources needed for your treatment. *Plexus* does not overbook our appointments so that all patients can get the time and attention they need. To cancel or reschedule my appointment, I will do so within **24 hours** of the scheduled appointment time. If timely notice is not given, there will be a **\$25 cancellation fee**. I understand that this fee is my responsibility, and not covered by insurance.

Consent to Email Communications

I understand and consent that *Plexus Physical Therapy* may send emails to me at any email address provided to *Plexus* and/or use other electronic means of communication to the extent permitted by law. I understand that I am not required to agree to this provision as a condition of receiving services and that my consent may be revoked at any time.

Agreement to the Above Notices & Policies

By signing this document, I certify that all the information I have provided is true and correct to the best of my knowledge, that I have reviewed and understand the information above, and that I agree to and authorize the stated Notices & Consents.

Signature _____

Date _____

Printed Name _____