

135 South Peru Street
Plattsburgh, NY 12901
Where Healing Happens!



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PearlPhysicalTherapy.com

NOTICE REGARDING CO-PAYS AND INSURANCE REIMBURSEMENT

Co-pays are due on the date of service. Please note that in some cases you may be billed directly for a portion of expenses related to your care at Pearl Physical Therapy. This may occur for some or all of the following reasons:

- Your deductible has not been met
- Your co-pay has not been paid
- Your service is not covered by your insurance
- Your service provider is considered "out of network"
- Your insurance policy has changed

IT IS THE PATIENT'S RESPONSIBILITY TO NOTIFY PEARL PHYSICAL THERAPY OF ANY CHANGES TO THEIR INSURANCE POLICY OR INSURANCE CARD, AND TO KNOW THEIR LEVEL OF BENEFITS.

NOTICE OF PATIENT INFORMATION PRACTICES

This notice describes how medical information about you may be used or disclosed. Please review it carefully.

USES AND DISCLOSURES OF HEALTH INFORMATION

PEARL PHYSICAL THERAPY, P.C. uses your personal health information primarily for treatment; obtaining payment for treatment; conducting internal administrative activities, obtaining prescribed medical devices from a vendor and evaluating the quality care that we provide. For example, PEARL PHYSICAL THERAPY, P.C. may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that could be of interest to you.

PEARL PHYSICAL THERAPY, P.C. may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, and for emergencies. We also provide information when required by law. In any other situation, PEARL PHYSICAL THERAPY, P.C.'s policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

PEARL PHYSICAL THERAPY, P.C. may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in the waiting room and will be provided to you on your next visit. You may also request an updated copy of our Notice of Information Practices at any time.

PATIENT'S INDIVIDUAL RIGHTS

In most cases, you have the right to look at or get a copy of your personal health information. If you request copies, we will charge our standard fee. You have the right to request that we correct any inaccurate or incomplete information in your records. You may also request in writing that we not use or disclose your personal information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. PEARL PHYSICAL THERAPY, P.C. will consider all such requests on a case-by-case basis, but the practice is not legally required to accept them.

NOTICE OF ADVICE

At the beginning of treatment without a referral, the front office staff must advise the patient verbally or in writing of the possibility that the treatment may not be covered by the patient's health care plan or insurer without a referral from a physician, dentist, podiatrist, P.A., or nurse practitioner and that the treatment may be a covered expense if rendered with a referral.

Initials

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CANCELLATION POLICY

Our goal is to give personal and quality care and an appointment time is your reserved time. We will make every effort to see you on time and request that you arrive on time for your reserved appointment. Thus, we request at least a 24-hour notice of cancellation or change of appointment. There will be a **\$35.00 fee** charged for any broken appointments without proper notice. If calling to cancel after business hours, please leave a voice message with your name, therapist, and appointment date & time.

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PRIVACY OF RECORDS AND INFORMATION RELEASE FOR BILLING PURPOSES

I understand that PEARL PHYSICAL THERAPY, P.C will bill charges to my insurance company for services rendered during your visit. When technology permits, these claims may be submitted electronically or by fax. If necessary, Pearl Physical Therapy will contact your insurance company regarding any claims submitted, authorizations needed for services received or plan to receive, and check my insurance coverage and benefits online or by phone for any services I have received or plan to received.

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RELEASE OF INFORMATION NOTICE

I give my consent to PEARL PHYSICAL THERAPY P.C. to release information to my physician, insurance company, attorney, and assignees and/or Beneficiaries.

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PATIENT INFORMATION CONSENT

I have read and fully understand PEARL PHYSICAL THERAPY P.C. may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, obtaining prescribed medical equipment from a vendor, evaluating quality of services provided and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment, and administrative operations if I notify the practice. I further understand that PEARL PHYSICAL THERAPY P.C. will consider requests for restrictions on a case-by-case basis but does not have to agree to request for restrictions.

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CONSENT OF TREATMENT

I give my consent for PEARL PHYSICAL THERAPY P.C. to furnish medical care and treatment considered to be necessary for my diagnosed condition.

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I certify that I have read and fully understand the above notices and statements and consent fully and voluntarily to its contents.

Signature of Patient or Representative

Date

Printed Name of Patient or Representative

Date