PhysioLogic

#### PHYSICAL THERAPY, PC

The leading-edge therapy doctors and patients trust

98 Cuttermill Rd 1044 Northern Blvd

Suite 100 Suite 107

Great Neck, NY 11021 Roslyn, NY 11577

Tel. (516) 466-4118 Tel. (516) 484-2562

Fax. (516) 466-2856 Fax. (516) 484-5314

**Cancellation Policy**:

* 24-Hour notice is expected for any cancellation. Failure to do so will result in a charge TO THE PATIENT.
* All cancellations and no-shows will be documented in your medical records, which will be accessible to your physician and insurance company/third party payor.
* While we are sensitive to the fact that an emergency may occur in a rare instance, cancellations, especially ones that occur last minute, along with patient no-shows, decrease our ability to accommodate the scheduling needs of the other patients.

**Insurance Policy**:

* This office will submit bills to your insurance company for all services rendered.
* **Patients will be responsible for deductibles, co-payments, and any other outstanding balance** that is not covered byyourinsurance company.
* **All co-payments must be paid at the time of your visit unless otherwise arranged with the billing manager.**
* Keeping track of authorizations is the patient’s responsibility.

**Medicare Policy:**

* This office will submit bills to Medicare on a daily basis.
* If you have secondary insurance we will bill your secondary insurance company once the Medicare payment has been received by our office.
* Medicare patients must meet their yearly deductible and are responsible to pay the 20% balance that Medicare does not cover if there is no secondary insurance in place.
* Medicare billing is done in accordance with the fee schedule governed by Medicare.
* Medicare mandates that patients are to see their doctor every 30 days and update their prescriptions accordingly.
* **Treatment cannot** **be rendered without an updated prescription**.
* Medicare also states that claims will be denied if care is deemed as maintenance.
* The patient is responsible for payment if Medicare denies benefits.
* Therapy must be progressive and restorative in nature to be covered under Medicare guidelines.

**Safety Policy**:

* Children under the age of 18 who are not being treated must be supervised at all times by a parent/guardian.

WE MUST ASK FOR YOUR FULL COOPERATION WITH THE POLICY DESCRIBED ABOVE

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 Patients Name Signature Date