

EW PHYSICAL THERAPY CLINIC POLICIES/RATES AND INSURANCE

The rate for all treatment sessions (during normal business hours) is \$125 for 50-55 minutes. Supplies and supplemental items, such as tape, foam rollers and other supplies are also at additional cost. If you have any questions regarding charges or fees please ask for clarification prior to your first treatment.

Professional records review of diagnostic exams or tests for interpretation of professional opinions without treatment entails a fee of \$35.

EW Physical Therapy is a fee-for-service provider so payment is due in full at each session. Your insurance company will NOT be billed; however, you may send self claims to insurance for reimbursement at an out-of-network rate, if desired. Receipts with diagnosis and treatment codes will be provided as requested. If your insurance company reimburses EW Physical Therapy, these monies will be returned to them and a new check must be cut to you personally. Cash, personal checks and credit cards are accepted for payment.

Additionally, EW Physical Therapy is NOT a Medicare provider. Medicare does NOT pay for all of your healthcare costs. Medicare only pays for covered items and services when Medicare rules are met. The fact that Medicare may not pay for a particular item or service does not mean that you should not receive it. There may be a good reason your doctor, healthcare provider or fitness professional has recommended it. Medicare will NOT pay for services at EW Physical Therapy as we are NOT a participating provider with Medicare or any other insurance company. You will NOT be able to submit reimbursement for services as they do not meet the rules set by Medicare regulations. Therefore, any receipts you may request will not include diagnosis codes and other information that Medicare claims usually possess.

As a courtesy to other patients trying to schedule appointments and therapist work schedules, A 24-hour or greater cancellation notice is required. This allows others on waiting lists to be seen. Only emergencies and illness are excusable. You will be billed for the entire appointment fee upon violation of this policy.

EW Physical Therapy will maintain your privacy to the highest standards and may use or disclose Personal health information for the purposes of carrying out treatment, obtaining payment, Evaluating the quality of services provided and any administrative operations related to treatment or payment.

I have read and fully understand the above statements. I understand the nature of the treatments at EW Physical Therapy, LLC. I authorize Erin White BS, MA, MPT to use treatment techniques as deemed necessary for my safe and effective recovery.

I HAVE READ AND COMPLETELY UNDERSTAND THE ABOVE WRITTEN STATEMENTS.

X _____ Date _____
Signature of patient/legal guardian

I ALSO UNDERSTAND THAT MEDICARE WILL NOT REIMBURSE FOR SERVICES RENDERED BY EW PHYSICAL THERAPY, LLC

X _____ Date _____
Signature of patient/legal guardian