

PAYMENT POLICY / CONSENT TO TREAT / RELEASE OF INFORMATION

Patients are responsible for payment for all services rendered them by Sage Orthopedic Physical Therapy. We will bill your primary insurance carrier as a courtesy to you. The carriers contracted rate will be accepted from your primary insurance carrier only if we have a signed contract with that carrier to accept the negotiated price. You are personally responsible for any deductible, co-pay and or co-insurance payment. These are due in full at the time of service. Failure to pay at the time of service may result in a \$10 billing fee. It is your responsibility to file and collect secondary insurance claims. Sage Orthopedic will not file secondary claims unless your primary carrier is Medicare. If payment from the insurance carrier is denied, or if payment is not made within 90 days, the balance for that amount becomes due and payable by the patient. When a patient is a minor, the parent/guardian assumes financial responsibility.

In the case of automobile injury Sage Orthopedic Physical Therapy will require payment at the time of services. Patients will be given receipts for services rendered in order to obtain reimbursement from PIP. When the patient is examined or treated for a condition that may be the result of an accident or injury, if litigation is involved, or if the injury is covered under Workman’s Compensation, it is ultimately the obligation of the patient to pay all outstanding balances in full and will not in any way be contingent upon the outcome of any claim for injury.

Sage Orthopedic Physical Therapy requires **24 hour** notification if you are unable to keep your appointment. Failure to comply with this policy will result in a \$25 No Show/No Call charge to be paid before your next visit. If you have 3 consecutive cancels or no shows without prior notification, Sage Orthopedic Physical Therapy must notify your Physician and Insurance Adjuster. This may result in discharge from our care.

You must arrive on time for your appointments. If you arrive 15 minutes or later for your scheduled visit, we may decline treatment that day, as it may affect other clients.

I understand and accept, that it is ultimately my obligation to pay for any and all physical therapy charges for which I am billed by Sage Orthopedic Physical Therapy. I understand that I am also responsible for paying any and all fees associated with the collection of my outstanding balance should legal counsel or collection agency become necessary.

I consent to treatment necessary for the care of the patient indicated on this form as may be dictated by prudent medical practice by my illness, injury or condition. Treatment may include dry needling. This consent is intended as a waiver of liability for such treatment excepting acts of negligence. I hereby authorize payment of medical benefits directly to Sage Orthopedic Physical Therapy for services rendered. Authorization is hereby granted to release any medical information as may be necessary to process and complete my claim. Additionally, I specifically authorize Sage Orthopedic Physical Therapy to release information from my medical record to: _____.(i.e. Spouse, Parent, Guardian etc...)

I hereby acknowledge that I have read this contract in its entirety and have had all of my questions concerning the above policies answered. I fully understand this contract and agree to its terms.

Signature of Patient or Guardian

Date