



## **FINANCIAL POLICIES (Continued)**

**Medicare Patients:** You must have a physician's prescription/referral for physical therapy. We MUST obtain a signed plan of care from your physician within 30 days of your initial visit. You must also be discharged from any home health care services or agency prior to initiating outpatient therapy.

**Worker's Compensation:** We will file worker's compensation claims and accept assignment of their payments; however, if your claim is denied by your worker's compensation carrier, you will be personally responsible for all charges. In that case, we will send you a statement and you will have 30 days to pay the balance in your account. We are required to inform your Worker's Compensation Adjuster of all missed or canceled appointments.

**Western Dry Needling:** Insurance companies do not cover Western Dry Needling treatments. Patients that receive this treatment will be responsible for paying \$30.00 each time that they receive this treatment. This will be in addition to any regular copays, coinsurance and deductibles for their physical therapy.

**No-Shows and Late Cancells:** Patients will be responsible for paying \$40.00 for each appointment that they fail to attend or cancel with less than 24-hour notice. This fee is not covered by insurance.

**Insurance Billing:** I hereby assign payments of benefits made on my behalf directly to Foothills Physical Therapy Group.

I do hereby give my consent and authorize Foothills Physical Therapy Group to release to my insurance company such information from my medical records as may be necessary for the completion and processing of my claims. Foothills Physical Therapy Group is authorized to furnish this information even though the confidentiality of the information may be protected by Federal and State Laws and Regulations.

I have read the above, and I understand and agree that, regardless of my insurance status, I am ultimately responsible for payment of my account for any professional services rendered. In the event that this account is referred to an outside collection agency, Credit Bureau, or attorney for collection, I agree to pay the expenses incurred and allowed by the Statutes of the State of TN.

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Signature

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Date