



Patient Responsibility

Thank you for selecting In Touch Physical Therapy and Sports Medicine (ITPTSM) to assist you with your therapy. We are committed to providing you with the utmost compassion and professionalism throughout your care and we look forward to assisting you with your physical therapy needs.

By initialing and signing below you are acknowledging you have read and understand the following information:

_____ **Notice of Privacy Practices:**

For your convenience a laminated copy of the ITPTSM Notice of Privacy Practices / HIPAA Privacy Act are displayed on this clipboard or it is available on our website at www.intouchphysicaltherapy.org for you to read. You may obtain a personal copy at any time.

_____ **Insurance:**

As a courtesy, your claims will be filed directly with Medicare, Medicaid, or your primary insurance carrier by ITPTSM. Insurance companies often have limits on the amount of physical therapy they will pay for in a year. Limits may be imposed monetarily or by number of visits.

- It is the patient's responsibility to know and understand their insurance plan.
- Failure to present correct and current insurance information at the time of service may result in a fee of up to 15% of the billable amount.
- If insurance sends correspondence, please reply as to not delay or negate your benefits.
- Having insurance is in no way a guarantee of benefits. If your benefits are exhausted at any point during treatment, there are alternative payment options available.

_____ **Co-Payments:**

All co-payments are due at the time of service.

_____ **Account Balances:**

All patient balances are the patient's responsibility.

- A \$100 minimum payment or Co-Pay equivalent is required monthly.
- All co-payments are due at the time of service. If your co-payments for the month exceed \$100, then the \$100 minimum may be waived.
- Any patient balance remaining after 60 days will be subject to a 2% finance charge per month.

_____ **Cancellation / No Show Policy:**

- A \$50.00 No Show Fee may be charged to your account, if you fail to show up for an appointment or cancel without 4 business hours prior notice.
- No Show Fees are the patient's responsibility and cannot be billed through your insurance company.

Signature

Date