

## ***Free Flow Physical Therapy, PLLC***

### ***Practice Policies***

**Consent to Treatment:** I am presenting myself or dependent for treatment at Free Flow Physical Therapy PLLC and I voluntarily consent to the rendering of Physical treatment by the physical therapist, as may in her professional judgment be deemed necessary or beneficial. I acknowledge that no guarantees have been made to me as to the effect of such examination or treatment on my condition. I have the right to consent to, or refuse to consent to, any care and treatment decisions that may be made by my treating physical therapist. Any questions regarding my course of treatment should be addressed to my treating physical therapist, or referring physician.

#### **Payment**

At Free Flow Physical Therapy, PLLC payment is due in full at the beginning of each session. We in turn, provide a detailed invoice for you to submit to your health insurance carrier. A universal health form (HCFA---1500) can be provided if you wish. We suggest that you contact your health insurance carrier before your first visit and use our Patient Insurance Worksheet. It is provided as a checklist to ensure you ask the right questions. It is *your* responsibility to understand your health insurance coverage, know how to get reimbursed and at what level.

#### **Prescriptions/Referral**

Please bring with you a current prescription from your New York state licensed physician or nurse practitioner. Even though, NY state has direct access to physical therapy and the law provides for a limited number of sessions (10 or a period of 30 days) before a prescription is required, your insurance company will likely require a prescription before they provide coverage. If you are a Medicare patient, you are also required to return to your physician every 60 days to renew your prescription for physical therapy.

#### **What to Bring**

For new patients, please bring your valid prescription, current health insurance card and all of the above forms. Or, please come early so that these can be completed. For returning patients, please bring your valid prescription, current health insurance card and updated patient insurance worksheet.

**What to Wear**

Wear or bring clothes appropriate to exercise in, such as shorts/yoga pants, a tee---shirt and sneakers. For the initial evaluation please be prepared to expose your torso for assessment. Women please bring a jog bra or tank top.

**Lateness**

Your promptness is greatly appreciated. Renee respects your time as a consumer, and tries not to have you sitting 'in the chairs'. She herself runs on time, as best as possible, and asks that you do the same.

**Cancellations**

Please give us 24 hrs notice if you are unable to keep your appointment. Calling 24 hrs in advance allows Renee to place another person waiting to be seen in your time slot. Failure to do so will result in a \$25 charge.

**No Show**

Please show up. You will be charged \$25 for a 'no show'.

**Signature**

By signing below, I certify that I have read the above policies, understand and will comply with them. I agree with Free Flow Physical Therapy, PLLC that it retains the right to charge me for scheduled appointments missed by lateness, late cancellation or no---show activity, as described above.

Signature of Patient or Guardian:

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Date:

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