



## **FINANCIAL POLICY STATEMENT, INSURANCE RELEASE & PRIVACY NOTICE**

**Dear Patient/ Responsible Party:** Thank you for choosing Inspirit Therapy Associates. To ensure that you are familiar with our financial policies, we have prepared this explanation for your review.

### **Financial Policy:**

1. **It is your responsibility to know and understand your individual policy guidelines, limitations and exclusions.** We bill your insurance carrier as a courtesy to you. You are responsible for copayments, coinsurance, deductibles and non-covered charges. If your insurance carrier does not remit payment to us within 60 days, the balance owed will be due in full from you. Your insurance benefits as quoted to us by your insurance carrier have been reviewed with you. We assume no liability for any errors made by your insurance carrier in this quotation.
2. If you claim Worker's Comp benefits or Motor Vehicle Insurance benefits and are subsequently denied such benefits, you will be held responsible for the total amount of charges for services rendered to you.
3. If coverage is not available, we will explain your responsibility for payment for the services to be rendered. Payment plans can be established with our Financial Advisor.
4. We accept payment by cash, check, MasterCard, Visa or money order. Check returned for non-sufficient funds will be assessed a \$40 returned check charge and checks will no longer be accepted as a form of payment.
5. Nonpayment on an account balance will result in small claims actions if all attempts made by our office to collect have failed. If smalls claims are field all additional costs uncured become the responsibility of the patient/ responsible party.

### **No show/ cancellation policy:**

1. If you cannot make a schedule appointment for any reason, please contact us at 920-338-9670 as early as you can, but no later than 2 hours prior to your appointment.
2. **Repeated no-shows without notice or cancellation can be subject to being discharged from services and may be subject to a \$25.00 no show fee. (See below)**

### **Refusal/ Discharge from Services:**

The following may result in client being discharged and no longer allowed to receive services.

- Past-due account referred to small claims court. Past due accounts may be charged a percentage rate annually.
- Client misses 4 therapy sessions without prior notice or is absent from 30% of scheduled therapy sessions over a one-month period (this includes cancelations)

### **Assignment of Insurance Benefits**

I authorize Andrews Physical Therapy dba Inspirit Therapy Associates to furnish information to insurance carriers concerning this treatment and I hereby assign all payments for services rendered.

### **Patient Record Disclosures**

In general, the HIPAA privacy rule gives individuals the right to request restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that communications of PHI be made by alternative means, such as sending information to the individual's office rather than to their home. These provisions do not apply to the use or disclosure made pursuant to an authorization by the individual. If medical records need to be sent to or obtained from another provider a separate medical records release must be signed. **Inspirit Therapy Associates will never release any PHI without obtaining written consent of the patient.**

**I have read and understand the above policies of Inspirit Therapy Associates.**

**Patient's Name:** \_\_\_\_\_

**Responsible Party Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_