

**Thank you for choosing Motion Matters Physical Therapy as your provider.** The following are a statements of our Financial and Offices Policies which we require you to read and sign prior to any treatment. All patients must complete the Client Registration and Medical History forms before seeing a therapist.

**CONSENT TO THERAPY:** I have presented myself to this facility for therapy treatments and consent to the care (history, physical examination, treatment, etc.) that will be provided by my therapist. In order for PT to be effective I must attend as prescribed and scheduled and comply with the home treatment program assigned to me. If I have difficulty with any part of my treatment program I will discuss it with my therapist. I realize I have the right to refuse any treatments or procedures I do not agree to.

**INSURANCE COVERAGE NOTICE:** Our office verifies insurance coverage as a courtesy to our patients. We are not responsible for any misinformation or changes in your policy that result in your financial responsibility being greater than what we quote you. It is the responsibility off all patients to understand their coverage and benefits. We will bill your personal insurance carrier solely as a courtesy to you. You are ultimately responsible for the timely payment of your account. **If any payment is made directly to you by the insurance company for services billed by us, you recognize an obligation to promptly remit payment(s) to us.** If formal collection procedures become necessary, you will be responsible for any additional cost.

**CANCELLATION AND NO SHOW POLICY NOTICE:** Continuity of care is an important aspect of physical therapy care. Frequent cancellations or failing to show for appointments impacts the effectiveness of your treatment as well as affecting other patient's timely access to care. We strive to provide quality care but your cooperation in keeping your scheduled appointments is exceedingly important. Please arrive a few minutes early if you need to update insurance information, make co-payments or have any other matters with the front office staff. This insures you and subsequent patients therapy sessions start on time. Our policy on appointment cancellations and no shows are as follows:

**Cancellations:** We request at least **24 hours notice** if you are unable to make your appointment.

**No Shows:** Is the failure to notify our office **before** your scheduled appointment; If during the course of treatment you no show for 2 consecutive appointments or 4 appointments total, a discharge note will be sent to your referring physician and further treatments will be terminated.

**NOTICE OF PRIVACY PRACTICES:** I understand that, under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physical therapist certifications.

I have received, read and understand your *Health Information Privacy Notice* containing a more complete description of the uses and disclosures of my health information. I understand that Motion Matters Physical Therapy, PC has the right to change its *Health Information Privacy Notice* from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the *Health Information Privacy Notice*.

***I acknowledge that I have read & fully understand the above general consent form. Any questions I have had have also been answered to my satisfaction.***

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Signature of Patient (or Parent/Guardian)

Date

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Witness (Signature of Motion Matters Physical Therapy Staff)

Date