

## Policies & Agreement

Thank you for choosing Atlanta Pelvic & Orthopedic Rehab Center, LLC, as your outpatient physical therapy provider. We are dedicated to your recovery. We provide a relaxed and fun environment to deliver superior quality care, to ensure that you get the outcome you deserve. Please review our policies then sign this agreement to help us optimize this experience.

**Referrals:** A referral/consultation from or with another licensed healthcare practitioner is required in the state of Georgia prior to providing physical therapy services. However, a thorough physical therapy consultation can be provided without a referral. After this consultation occurs and the need for continuing treatment is deemed necessary, then a referral will be required. We will gladly help you with the steps in obtaining the referral.

**Scheduling & Appointments:** We typically schedule a full hour for each patient. If you must cancel, we ask you to call at least 24 hrs before your scheduled appointment time. **A \$35 fine for any cancellations less than 24 hrs. A NO SHOW or NO CALL will result in a \$50 charge.**

**Insurance Coverage:** Atlanta Pelvic & Orthopedic Rehab Center, LLC, is a Medicare Provider. We accept private insurance plans as an out of network provider. We will gladly call and get an explanation of your physical therapy benefits prior to your first visit and will help answer any questions you may have about your insurance plan. Please know you will be responsible for any part not covered by your insurance. **Cash Pay:** A discounted cash fee schedule is available for all clients, including Medicare beneficiaries, if you should choose to pay cash. For clients who choose to pay at time of service, the cash discounted rate will apply. We will not file or take any insurance information. However, if you choose to file your own insurance we will gladly provide the proper receipts and documentation to be submitted to your insurance carrier. **We would like you to understand there are no guarantees to the accuracy of the verification process or any payment amounts received from your insurance company. The final indicator of your coverage is the check and/or the Explanation of Benefits (EOB). We ask that you monitor the accuracy of the EOB you receive.**

**Liability:** Atlanta Pelvic & Orthopedic Rehab Center, LLC, is not responsible for loss or damage to personal valuables.

**Waiver and Release:** I hereby release, discharge and acquit Atlanta Pelvic & Orthopedic Rehab Center, its agent, representatives, affiliates, employees or assigns, of and from any and all liability, claim, demand, damage, cause of action or loss of any kind arising out of or resulting from my refusal to accept, receive or allow emergency and or medical services including but not limited to ambulance services, Emergency Medical Technician, physician or urgent care services.

### **Please check the appropriate box:**

- Commercial Health Insurance** – we will verify your coverage prior to your visit and file your claims. You are responsible for your co-pays, deductibles or any balances not covered by your insurance.
- Medicare**
- Cash pay** – available to all patients, all fees paid at the time of service ( Cash, Credit, or Check)
- Workers Compensation** – if you have notified your employer and have a claim number and it has been pre-verified by this office to bill the insurance carrier there should be no charge to you.

### **Acceptance**

**I have read, understand and agree to these office policies as stated above.**

\_\_\_\_\_  
Patient/Guardian signature

\_\_\_\_\_  
date