

Jacksonville Physical Therapy

PRIVACY AND FINANCIAL POLICY STATEMENT

PRIVACY POLICY:

I understand that Jacksonville Physical Therapy (referred to below as “the clinic”) will use and disclose **health information** about me in the course of providing physical therapy care to me.

I understand that my **health information** may include information both created and received by the clinic, may be in the form of written or electronic records or spoken words, and may include information about my health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, and similar health-related information.

I understand that the clinic is permitted to **use and disclose** my health information in order to:

- make decisions about and plan for my care and treatment;
- refer to/or consult and coordinate with other health care providers in the course of my treatment;
- determine my eligibility for health plan or insurance coverage, and submit bills, claims and other related information to insurance companies or others who may be responsible to pay for some or all of my health care; and
- perform various office, administrative and business functions that support the clinic’s ability to provide me with appropriate care, including provision of medical supplies and equipment, and arrange for payment.

I understand that the Notice of Privacy Practices may be revised from time to time and that I am entitled to receive a copy of any revised Notice of Privacy Practices upon request and that a copy or a summary of the most current version of the clinic’s Notice of Privacy Practices in effect will be posted in waiting/reception area.

I understand that the Notice of Privacy Practices describes how I can exercise my right to ask that some or all of my health information not be used or disclosed, and I understand that the clinic is not required by law to agree to such requests.

FINANCIAL POLICY:

You are responsible for payment of the fees for physical therapy services we provide to you. Co-pays are payable upon check-in. As a courtesy, we will bill your insurance company, but you are responsible for any fees your insurance does not cover. (If a check is returned by the bank, a fee will be charged to you.)

TO BE CERTAIN WHAT YOUR INSURANCE WILL COVER: please phone your insurance company and ask what physical therapy benefits your plan will pay to Jacksonville Physical Therapy.

If you have a concern about financial matters or questions about our usual fees, please feel free to ask us.

IF YOU ARE UNABLE TO ATTEND A SCHEDULED VISIT...

Please let us know as soon as you can. Missed appointments without notification or late cancellations, where we cannot fill the vacated appointment time, are a significant inconvenience to other patients, and we incur the cost of reserving that time for you.

For such missed appointments, you will be billed \$50 personally. Your insurance company will not pay this fee.

By signing below, I agree that I have received or been offered a copy of this clinic’s Notice of Privacy Practices, and agree to abide by the Financial Policy.

Patient's signature _____

Date _____

Guarantor's signature _____

Date _____

A copy of this policy has been given to the patient by: _____

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