



## POLICIES & FINANCIAL AGREEMENT

Please take the time to read the following to help you better understand our policies and our financial agreement with you, our patient and/or responsible party.

**PRESCRIPTION:** In Virginia, Direct Access Certified physical therapists can see a patient for issues that are currently NOT under a physician's care without a prescription. If patient is under a doctor's care for the issue in question, a prescription is requested from the current provider prior to the first visit. Acceptable prescriptions may be written by physicians, dentists, nurse practitioners, physician assistants, podiatrists and chiropractors. Ultimately, it is the patient/client's responsibility to obtain the therapy prescription.

**INSURANCE:** The therapists at RRW are Out-of-Network with all commercial insurances. Cash pay rates are available upon request. Payment is expected on day of treatment.

**MEDICARE:** Medicare has a threshold on rehabilitation services for physical therapy. The dollar amount for 2024 is \$2,330. There may be some procedures that are not covered by Medicare. You will be given an Advance Beneficiary Notice (ABN) at the time of the procedure with its cost. Payment is expected on the day received. Co-insurances will be collected after your claim has been processed by Medicare and any supplemental insurance. The same applies to any deductible you may have. If you have a balance on your account, we will send you a monthly statement. It will show a previous balance, any new charges to the account, any payments or credits applied to your account during the month. We may work out a payment plan if necessary.

**PAYMENT OPTIONS:** We accept cash, personal check, Visa®, MasterCard®, Discover®, American Express®, and health savings cards. Unless other arrangements are approved by RRW, the patient balance is due and payable when the statement is issued and is past due if not paid within 20 days from date of mailing

**MISSED APPOINTMENTS:** Our therapists value your time and request you value theirs. We do not double book appointments therefore your appointment time is guaranteed one-on-one treatment time. We understand emergencies but we need to fill appointment slots. We feel you are coming to therapy to remedy a condition that is affecting you. It is important that you attend your scheduled appointments. **We request a 24-hour notice if you are unable to keep your appointment so that we may schedule someone else for that appointment time. RRW will apply a \$75 charge for a missed appointment and \$35 for a cancellation with less than 24-hour notice. Insurance does not cover this cost. If a charge is applied, that amount must be paid before a new appointment is scheduled. If a patient has three (3) late cancellations or missed appointments, the therapist reserves the right to discharge the patient.**

\_\_\_\_\_ (Initial)

**COLLECTIONS:** Please understand that payment for services is considered part of your treatment. If your account is past due, your information will be placed with a collection agency and you will be responsible for a collection fee of 30% as well as all associated legal fees in addition to the amount owed.

If we send your account to a collection agency, your privacy right will be forfeited, & your account will become part of public records. No Credits or adjustments can be made after the account is turned over for collection. In addition you agree, in order for us to service our account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or e-mails,

using any e-mail address you provide to us. Methods of contact may include using prerecorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

**MINORS:** A parent or legal guardian must accompany the minor patient at the time of the initial visit. The parent or legal guardian is responsible for full payment as outlined in the above financial policy. If the parents are separated and both legally responsible for the child, you must provide complete information from both parents. The parent or legal guardian that accompanies the minor patient to the clinic will have full responsibility for the payment should any dispute arise.

**DIVORCE:** In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

**RETURN CHECKS:** There is a \$36 fee for any check returned by the bank for insufficient funds.

**RELEASE OF RECORDS:** With a properly signed release of information, we will release copies of your records to another therapist, doctor, attorney, court or insurance company. Your authorization allows us to include all relevant information including your payment history, if you are requesting your records be transferred to RRW; you authorize RRW to receive all relevant information, including your payment history.

**RECORDS REQUEST:** We follow the code of Virginia § 8.01-413 pertaining to charges for records which is \$0.50 per page for the first 50 pages and \$0.25 for every page thereafter.

**SUPPLY CHARGE:** During the course of therapy, your therapist may use electrical stimulation and recommend using a theraband or theraputty. The cost of the electrodes and the theraband is not a charge that is covered by insurance. The electrode charge is currently \$10 and the theraband fee will depend on length, the theraputty charge is \$10. Payment is expected the day received.

**RIGHT TO REVISE:** This policy went into effect on July 1, 2023 and RRW reserves the right to change the terms of this notice and to make the new notice effective for all personal health records. If policies are revised, a copy will be provided to you at your next scheduled appointment.

**RIGHT TO TEST:** Under Virginia law (§32.1-45.1) when a healthcare worker is exposed to the body fluids of another person in a manner which may transmit human immunodeficiency virus (HIV – the virus that causes AIDS) or hepatitis B or C viruses, the patient shall be deemed to have consented to testing for HIV, hepatitis B and C viruses and to release the results to the exposed person.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS FORM WITH THE OTHER FORMS. WE NEED A SIGNED COPY IN OUR FILES TO CONFIRM THAT YOU HAVE READ AND UNDERSTAND OUR POLICIES. THANK YOU**