

## Office Policy and Financial Responsibility

**PATIENT INFORMATION CONSENT:** I have read and fully understand Mobile Rehab's Notice of Information Practices. I understand that Mobile Rehab may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment, and administrative operations by notifying the practice. I also understand that Mobile Rehab will consider requests for restriction on a case by case basis, but does not have to agree to requests for restrictions.

\_\_\_\_\_  
Initials

**ATTENDANCE, CANCELLATION, AND NO SHOW:** Attendance to your therapy visits is your most important responsibility because it can make the difference between whether or not you succeed in your treatments. While we understand you may need to cancel an appointment because of unforeseen circumstances, we do require at least 24 hours notice of cancellation. There is a \$25 charge for cancellation without prior notice or for not showing for your appointment. This charge is not covered by insurance, and you are required to pay this fee personally.

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Initials

**FINANCIAL RESPONSIBILITY:** As a courtesy to you, Mobile Rehab will file your medical insurance claims. However, the contract between you as a patient and your insurance company is personal to you. Mobile Rehab is not responsible for issues between the patient and insurance carrier, nor can Mobile Rehab intervene or negotiate for either party on disputed claims. Please advise us immediately if you change insurance coverage while undergoing treatment. Physical therapy equipment and/or supplies are typically not reimbursable by the insurance carrier. As such, Mobile Rehab requires payment by the patient for any equipment/supply at the time the order is placed. Mobile Rehab will provide a receipt as documentation of the purchase so you may pursue reimbursement personally. Mobile Rehab accepts cash, Visa, Mastercard, or Discover as payment options.

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Initials

### CONSENT TO CONFIDENTIAL MEDICAL INFORMATION

I hereby authorize Mobile Rehab to share any and all of my medical / billing information with the following people:

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### PATIENT AUTHORIZATION

- By my initials and signature, I understand these policies and my financial obligations for services rendered.
- I hereby assign payment of benefits by my insurance company to Mobile Rehab, and I accept responsibility to ensure my insurance carrier makes payment on my account within 90 days. Lack of payment by my insurance carrier will result in all charges being transferred to my personal balance on my statement.
- I hereby agree to pay any office visit/co-payment charges at time of visit.
- I hereby agree to promptly pay my personal account balance including co-insurance or unmet deductible upon receipt of my statement. I understand and agree that responsibility for payment for services rendered is mine, due and payable unless other financial arrangements have been made. In the event of default, I agree to pay such collection costs and reasonable attorney fees as may be required to effectively collect the debt.

**Patient Signature:**

**Date:**

**Parent / Guardian / Guarantor:**

**Date:**