

SPECHT PHYSICAL THERAPY TO OUR VALUED PATIENTS:

FINANCIAL POLICY

We are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

Payment for services is due at each visit for charges incurred up through your last visit.

We accept cash, checks, MasterCard, Visa, American Express and Discover. We bill electronically, to expedite payment of claims.

Please read carefully:

1. Physical therapy services are reimbursed under the provisions of most health insurance policies. As the subscriber, you are primarily responsible for knowing the terms of your policy. While we will take care of filing insurance claims on your behalf, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.
2. Your deductible is the amount that you pay for medical costs before your health insurance begins paying for your care. If you have a deductible, and it has not been met for the plan year, you must pay the full allowable amount (based on your insurance company's payment schedule) for each of your treatment sessions until the deductible amount has been reached.
3. Medicare patients are responsible for the yearly deductible on their secondary insurance and if Medicare is the only insurance they are responsible for 20% of treatment fees.
4. If your injury is work related, a Workers Compensation claim must be initiated. If your case is denied by workers comp, then you are responsible for each visit. We require that you provide us with your medical insurance to insure payment of the account if your case is not allowed. If you already have a claim number, please provide us with the number on the registration form. If you have an attorney, please provide this information on the registration form.
5. Liability cases (i.e. motor vehicle accident, slip and fall, etc.) are accepted when accompanied by a health insurance plan and/or auto insurance with medical payments (medpay). When another party is responsible, you must provide us with all the billing information. If you have an attorney, please provide their information on the registration form. It is this office's policy that a letter of protection, also known as a lien must be received from your attorney within the first week of your treatment. Without this letter, you become responsible for the account in full. Also please provide your attorney with our information and let them know that you are receiving treatment at our facility.
6. Our fees are generally considered to fall within the acceptable range by most companies, and therefore are generally covered up to the maximum allowance determined by each carrier. If you (the subscriber) should receive a check from your insurance company that is intended for this practice (the provider) for services rendered, you should immediately remit this to our office for credit to your account. Failure to do so will result in our office billing you for the complete balance and you will be responsible for payment of this amount in full.
7. It is important that you understand your insurance company's policy as it relates to physical therapy. We encourage you to call the customer service number on the back of your insurance card to obtain

the most accurate information about your insurance benefits.

8. If your insurance company requires any approval or authorizations, please follow the insurer's instructions otherwise you could be held financially responsible for services not approved or authorized. Please familiarize yourself with your insurance coverage in order to minimize denials and unexpected bills from us.

As a courtesy to our patients we contact your insurance company in order to provide information about your physical therapy benefits, deductibles, and co-payments.

You are ultimately responsible for knowing your plan allowances, restrictions, and limitations as to what is and is not covered.

If you have any questions about the above information or any uncertainty regarding insurance coverage, please don't hesitate to ask us. We are here to help you!

APPOINTMENT ATTENDANCE POLICY - ALL PATIENTS PLEASE READ

- We are here to help you through a successful rehabilitation process. To speed your recovery, we strongly recommend that you attend all of your scheduled therapy sessions.
- If you are unable to attend an appointment, please let us know 24-hours in advance so we can offer your treatment time to another patient and get your appointment rescheduled to another time.
- Please understand that when an appointment is not kept and proper notice is not given, three people are affected adversely:
 1. You - because you are not receiving the treatment you need.
 2. Your therapist - as their time had been reserved for you personally.
 3. Another patient - who could have been scheduled for treatment, if proper notice had been given.
- There will be a **\$40.00** charge for canceling an appointment with less than a 24-hour notice and/or for not showing for an appointment.
- If you do not show for two or more appointments:
 1. We will notify the referring doctor that you are not attending your scheduled sessions.
 2. Your employer will be notified if a workers compensation carrier is responsible for payment.
 3. We reserve the right to remove all of your future appointments from the schedule and we may require that you obtain a new referral from your physician to re-start treatment.

AUTHORIZATION TO RELEASE INFORMATION

I, the undersigned, hereby authorize Specht Physical Therapy and the attending therapist to release information relative to any outpatient therapy treatment administered, to any third-party payor(s) financially responsible for these services, to my referring physician and to my primary care physician, in regards to my physical therapy diagnosis and treatments.

CONSENT TO TREAT

I, the undersigned, hereby voluntarily authorize Specht Physical Therapy to perform outpatient diagnostic evaluation and/or procedures and to administer such outpatient therapy that is necessary and appropriate. I understand that physical therapy is not an exact science and no guarantee has been made as to the result of any treatment or care administered.

HIPAA- Notice of Privacy Practices

Specht Physical Therapy
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Specht Physical Therapy

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ *See page 2 for more information on these rights and how to exercise them*

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

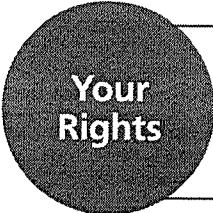
➤ *See page 3 for more information on these choices and how to exercise them*

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ *See pages 3 and 4 for more information on these uses and disclosures*



When it comes to your health information, you have certain rights.
 This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?
We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

***Example:** A doctor treating you for an injury asks another doctor about your overall health condition.*

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

***Example:** We use health information about you to manage your treatment and services.*

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

***Example:** We give information about you to your health insurance plan so it will pay for your services.*

continued on next page

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety
-

Do research

- We can use or share your information for health research.
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Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
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Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.
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Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
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Address workers’ compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services
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Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
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Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Instruction F: Insert Effective Date of Notice here.

This Notice of Privacy Practices applies to the following organizations.

Specht Physical Therapy

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