

# Niagara Therapy, LLC

## General Office Policies



### **Initial evaluation and appointment**

-Please arrive 15 minutes early for your first appointment and bring with you: pertinent prior medical records, your medication list, your photo ID, your insurance cards, a patient information form, and the patient history form that has been emailed to you with this form. Please bring someone that is able to speak for you or with you if you have limitations in your ability to complete forms independently or understand complex information (verbally or written).

### **Regular appointments**

-Appointments will be scheduled on a first-come first-served basis. We always attempt to accommodate your preferred times and days as much as possible. We appreciate your flexibility in attending on occasion in a less preferred time.

-Please arrive approximately 5 minutes before your scheduled appointment. If you are late, please be aware that appointments may have to be rescheduled.

-If you are unable to make an appointment, please notify us 24 hours in advance of your therapy time by calling 814-464-0627. A missed appointment is any appointment that is missed without 24 hours advanced notice. All missed appointments must be rescheduled within seven calendar days to avoid a \$25 missed session fee. Please be aware that this may require an appointment at a less preferred time and missed appointments should be avoided when possible.

For example, if you will be missing a Monday 11 AM appointment, you must call and cancel the appointment before 11 AM on Friday or reschedule the appointment before the following Monday. If the appointment is not canceled by 11 AM Friday or rescheduled by the following Monday, a \$25 fee will be assessed to your account.

-It is crucial to value your time in therapy as missed appointments restrict you from achieving your goals and restrict other clients from achieving their goals as that time was reserved for you.

-All cancellations and no show appointments will be documented in the medical record and are available to all payor sources.

### **Minors**

-Any client under the age of 18 must be accompanied by a legal parent or guardian to the initial appointment. Minors will be released to the parent or adult who brought them to the therapy appointment for regular scheduled appointments.

### **Notice of Privacy Policies and Rights/Responsibilities**

Niagara Therapy, L.L.C. will use and disclose your personal health information to treat you and receive payment for the care and services provided. There is a prepared Notice of Privacy Practices to help you understand the policies about your personal health information. The terms may be changed without notice. A copy of this notice is available for you at any time. Niagara Therapy, L.L.C. has a document that outlines the rights and responsibilities of every patient that receives care. The terms may be changed without notice. The notice is available to you at any time. A complete medical history has been provided to Niagara Therapy, L.L.C. It is understood that to reach maximum rehabilitation, the patient must follow the physician's prescribed treatment and the treatment plan established with the therapist.

### **After hours, emergencies, weekend issues**

-If an issue arises please call the office and feel free to leave a message. We will return your call on the next business day. If you have a life-threatening situation, call 911 or go directly to the emergency room.

**Insurance, payments, and financial issues**

-Niagara Therapy, L.L.C. will bill your insurance carrier solely as a courtesy to you. **You, the patient/responsible party, are responsible for the entire bill as services are rendered.** Arrangements for your portion of the bill must be made today. If your insurance company does not dispatch payment within 60 days, the balance in full will be due from you. In the event that your insurance company demands a refund of payments made to Niagara Therapy, L.L.C., you will be responsible for all monies refunded to your insurance company. If your insurance company places an internal usual and customary fee schedule into place, you will be responsible for the balance remaining. In the event that payment is made to you that was billed by Niagara Therapy, L.L.C, you recognize the obligation be promptly forwarded to Niagara Therapy, L.L.C. If your balance is forwarded to a collection agency, you are responsible for 30% and interest charges/fees. Your payment is expected in the form of cash or check at the time of service. If charged payment is required, it will have a convenience fee of \$5.00.

-All insurance related payments are established by the insurance company and are unable to be disputed by this office. If you have a question in regards to your insurance coverage, please call the number on the back of your insurance card directly. As per Niagara Therapy LLC's contract with insurance companies, we are required to collect all co-pays, co-insurances, and deductibles. Many insurance companies have added additional coinsurances and deductibles to their plans. Please be prepared as these payments will be due either at the time of service (when possible, an estimate will be billed at the time of service and balance billed after the insurance processes the claim) or when billed if they require processing by the insurance company first.

- I hereby assign all medical benefits to include major medical benefits to which I am entitled, including Medicare, Medicaid, private insurance, and any other third party payors to Niagara Therapy, L.L.C. A photocopy of this document is to be considered as valid as the original. I authorize Niagara Therapy, LLC to release all information necessary, including medical records, to secure payment.

-It is your responsibility to contact your insurance company for estimated costs for therapy evaluation and treatment sessions. The final determination of cost will be made on the insurance explanation of benefits.

-Please check with your insurance company prior to your visit to ensure that we participate in your insurance plan, your diagnoses are covered, and to determine what, if any, costs will be associated with your visit. We bill your insurance as courtesy, the financial responsibility of the session is ultimately your responsibility.

-If your insurance is through Worker's Compensation or a motor vehicle accident, you must provide the name of the carrier, claim number, date of injury, contact person, phone number, and mailing address of the insurance company. We also require your medical insurance as a backup if the claim is denied or unable to be processed through Worker's Compensation or motor vehicle insurance. Be advised that if your claims are denied for any reason, you will be held responsible for the total amount of the charges for services rendered. This is not a guarantee that services will be covered by medical insurance. Ultimately, the financial responsibility is that of the patient.

-If payment is made by check and the check is returned for any reason, it is the required that the original bill and a \$30 fee will be paid in full before any further services will be provided. It will then be the discession of Niagara Therapy, L.L.C. as to the further accepted forms of payment for further services.

**Consent for Care and Treatment**

I, the undersigned, herby agree and give my consent for Niagara Therapy, L.L.C. to provide medical care and treatment to myself or the party list as the patient that is considered necessary and proper in diagnosing and/or treating the physical/mental etc. condition.

Patient Name(s): \_\_\_\_\_ Med Rec # \_\_\_\_\_

I acknowledge that I received and understand this copy of the general office policy practices of Niagara Therapy, LLC.

Signature of client, parent, or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of signing party: \_\_\_\_\_ Relationship (if not client) : \_\_\_\_\_