



OFFICE POLICIES & FINANCIAL AGREEMENT

Direct Access: Please bring with you a valid prescription from your New York state licensed physician or nurse practitioner. NY state has direct access to physical therapy (no prescription required) and the law provides for a limited number of sessions (whichever occurs first: 10 visits or a period of 30 days from the start of care) before a prescription is required. Your insurance company, however, will likely require a prescription to reimburse you for out-of-network services provided.

Payment: We do not accept any insurance plans. Payment is due at the time of service. We accept cash or check. You may be entitled to reimbursement from your insurance company depending on the terms of your insurance plan.

Financial and insurance responsibilities: I agree to pay for my treatments at time of service. I understand it is my responsibility to call my insurance company ahead of time, obtain any pre-authorization that is necessary and get an estimate of my benefits. I understand my therapist will provide me with a receipt and it is my responsibility to submit to my insurance company.

Attendance: We are dedicated to providing you quality care and service. In an effort to maintain high standards and fairness to all of our clients we ask for your cooperation and consent to the following office policies:

- **Lateness:** Please come to your appointment on time. Your reserved treatment time will end as scheduled.
- **Cancellation:** If you need to cancel your appointment, you must notify us 24 hours prior to your scheduled appointment time. For cancellations less than 24 hours in advance you maybe charged half your reserved session (cost payable prior to your next appointment).
- **No-show:** If you fail to attend your reserved appointment time, you will be charged the amount of your reserved session (cost payable prior to your next appointment).



Office Space & Consent: I understand that I am a patient of Dr. Elana Hersh who is an independent physical therapy practitioner at Peaceful Pelvis Physical Therapy. I understand that this office is not a group practice and that Peaceful Pelvis Physical Therapy is an individual practice located within this office location. My care is the exclusive responsibility of Elana Hersh, PT, DPT and not of any other practitioners who may also practice at this location. I have read this form and had any questions answered to my satisfaction. I fully understand and agree to the Peaceful Pelvis Physical Therapy office policy and my financial responsibility.

I have read the above information and I consent to the office policies and financial agreement.

Print Name of client _____

Date _____

Signature of financially responsible party

Therapist's signature/ Date