



Optima Physical Therapy PLLC
4250 N Saginaw St, Ste C, Flint, MI 48505
Registration Form

CONSENT FOR TREATMENT:

I hereby agree to have a licensed Physical therapist perform an evaluation and render appropriate treatment ordered by my physician by a physical therapist/ physical therapist assistant. I also authorize the release of any information pertinent regarding my case to any insurance company, adjuster, physician, physician assistant, dentist or attorney involved in the case. I direct the insurer to directly pay, without equivocation, Optima Physical Therapy PLLC all benefits due to them and guarantee payment for services.

CANCELLATION POLICY:

Optima Physical Therapy PLLC requires 24-hour notice for any cancellation. A \$25.00 fee will be charged to your account for non-compliance including not showing for your appointment. More than 3 (three) cancellations/no-shows will result in an automatic discharge.

HIPAA Information

(Please initial)

I was offered a copy of the Notice of Privacy Practices _____

I agree to release medical or other information to process claim _____

I agree to accept assignment of payment _____

I give the office permission to leave a message _____

FINANCIAL AND BILLING POLICY

We will bill your insurance for you, but you should be aware of the following information:

BILLING YOUR INSURANCE:

As a service to our patients, our office will bill your insurance carrier. The final responsibility for the entire balance belongs with you, the patient. You will be expected to pay for any charges that are not covered by your insurance, such as supplies, office visits, co-pays, deductibles or balances left from an insurance payment. Payment will be expected from you after 30 days from the date of billing. It is up to you to contact your insurance carrier regarding any problems or delays you might be experiencing with your claims, although we would be happy to

address any questions that you have. We accept, CASH OR CHECKS. We can also set up payment arrangements.

COURTESY CLAIM FILING:

It is the patient’s responsibility to guarantee payment for physical therapy services at Optima Physical Therapy PLLC. As a courtesy, Optima Physical Therapy PLLC will file with your primary, and or, secondary health insurance ONE TIME ONLY per visit. You will be responsible for any charges that have been denied by your insurance company. We will provide any necessary information to assist in this filing process. IF WE DO NOT PARTICIPATE WITH your insurance, we will still bill your carrier for you. However, you are responsible for the amount not covered by your insurance carrier.

REFERRALS OR AUTHORIZATIONS

If your insurance carrier requires a referral or authorization, these usually come from your primary care physician. Please make sure that this is in place BEFORE services are provided. If proper authorization is not obtained, you may be responsible for your entire balance.

LEGAL ACTIONS FOR PERSONAL INJURY

If you are involved with legal action for personal injury, we do not accept this as a reason to delay payment for our services. Responsibilities of payment belong to the patient. We are happy to provide your attorney any information they request with a signed release from you and at a fee they will be required to pay for such records. Please sign and date below that you accept and understand our financial and billing policy,

HIPAA, consent for treatment and cancellation policy:

Sign Here _____

Date _____

Responsible Party if other than patient _____