

FINANCIAL POLICY

Workers' Compensation Patients

The employee is responsible to report a workers' compensation injury in writing within four (4) days.

The employer is responsible to fill out and mail a first report of injury to their insurance carrier within 10 days of injury notification.

The insurance company is responsible to pay within 30 days of receiving the workers' compensation bill.

If the employer fails to file the first report of injury, the employee must file his/her own first report of injury or be responsible for the bill.

If the insurance carrier denies the claim for any reason, the patient will be responsible for the bill.

In-network and Auto Insurance

We will submit your insurance claims for you. If you have had an auto accident, we will also require the claim number and mailing address of the insurance company. Please note that you are responsible for your copay, if applicable, at time of service. If coverage is denied for any reason, you will be responsible for the entire amount of your bill. Your costs will be determined upon the completion of claims processing according to your individual insurance plan.

Out-of-network Insurance

If we are not a preferred provider for your insurance company, you may elect to pay the cash-pay rates.

Cash-pay rates are as follows and all payable at time of visit:

Physical Therapy Evaluation and Treatment = \$80/visit

ROM Testing = \$100/visit

FCE Testing = \$500/visit

Payment guarantee

I hereby authorize the above insurance companies to pay any benefits for my care to Northgate Physical Therapy, P.C. directly. I have read this policy and understand that, regardless of any insurance coverage, including government agencies and third-party providers that I may have, I am responsible for payment of my account. In consideration of services to be provided, I agree to pay Northgate Physical Therapy, P.C. in accordance with the regular rates and terms of Northgate Physical Therapy, P.C. Returned checks are subject to a \$50 service charge per check. Balances over 60 days will acquire an interest rate of 12% annum. I agree that in the event that my account is turned over to a collection agency or attorney due to non-payment, that I will pay up to an additional 50% of the balance as reasonable collection fees (to be added to the balance at the time the account is placed for collection) plus any court costs and attorney's fees incurred in connection with the collection of my account.

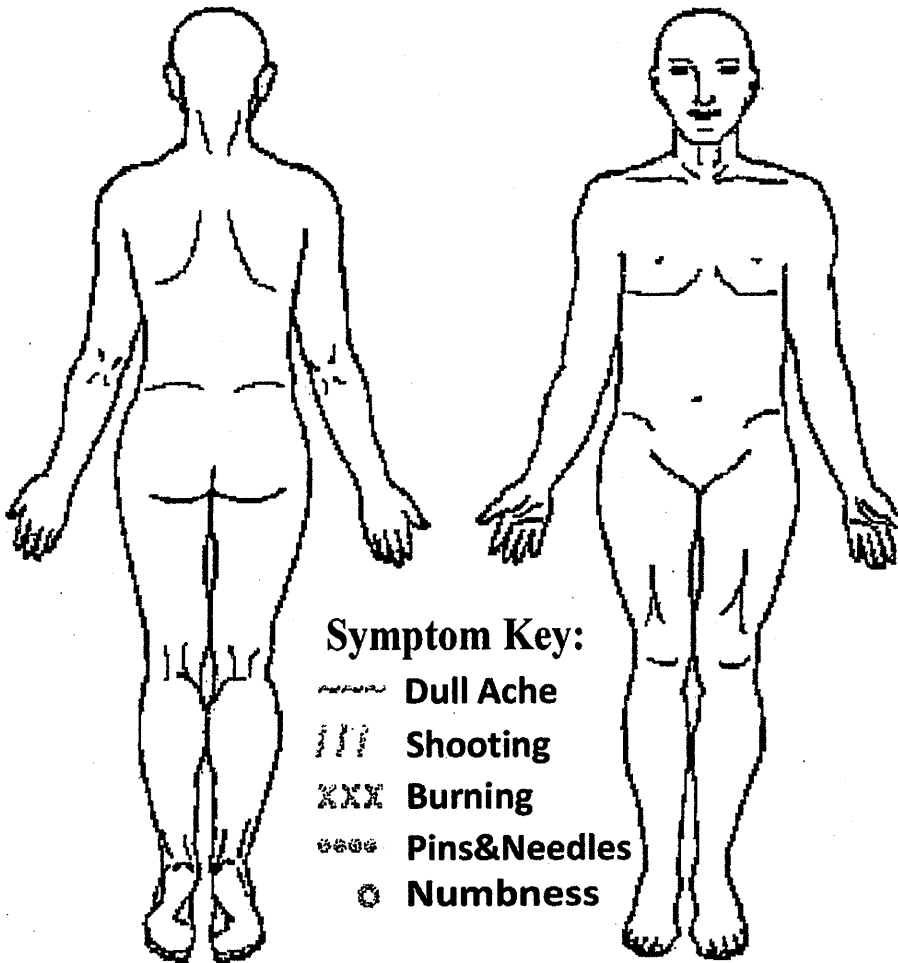
I understand my responsibility for payment of my account with Northgate Physical Therapy, P.C. and have provided, to the best of my ability, the information requested accurately and completely.

**By signing below, I verify that I have read and agree to the above financial policy.
I understand that I am responsible for payment of treatment of a minor if applicable.
(A parent/guardian must sign if the patient is a minor/17 or younger).**

Signature: _____ Date: _____
(Patient signature or parent signature if patient is a minor)

Pain Drawing

Please describe your current symptoms by marking on the drawing below, using symbols shown in the "Symptom Key", to indicate specific types of sensation:



The above chart is an accurate description of my current symptoms.

Claimant Signature

____/____/____
Date

Northgate Physical Therapy, P.C.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

"You May Refuse To Sign This Acknowledgment"

I, _____, have received a copy of this office's
Notice of Privacy Practices.

Print Name

Signature

Date

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but
acknowledgment could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (please specify)

HIPAA Email Consent

- HIPAA stands for the *Health Insurance Portability and Accountability Act*
- HIPAA was passed by the U.S. government in 1996 in order to establish privacy and security protections for health information.
- Information stored on our computers is encrypted.
- Most popular email services do not utilize encrypted email.
- **When we send you an email, the information that is sent is not encrypted. This means a third party may be able to access the information and read it since it is transmitted over the Internet. In addition, once the email is received by you, someone may be able to access your email account and read it.**
- Email is a very popular and convenient way to communicate for a lot of people, so in their latest modification to the HIPAA Act, the federal government provided guidance on email and HIPAA.
- The information is available in a pdf (page 5634) on the U.S. Department of Health and Human Services website:
<http://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf>
- The guidelines state that if a patient has been made aware of the risks of unencrypted email, and that same patient provides consent to receive health information via email, then a health entity may send that patient personal medical information via unencrypted email.

ALLOW UNENCRYPTED EMAIL

I understand the risks of unencrypted email and do hereby give permission to Northgate Physical Therapy, P.C. to send me personal health information and general correspondence via unencrypted email.

Signature
(parent or guardian if patient is a minor)

Date

Printed Name

Please print email address _____