



## **Practice Policies**

### **New Patients**

For new patients: If you have one, please bring your valid prescription; plus all of the forms provided via email. If you do not have the forms filled out prior to your first visit, please come 15 minutes early so that they can be completed before your scheduled appointment time. In Virginia, we have 30 business days to treat you without a prescription. We will submit your evaluation to the primary care provider you identified, for a signature. If you don't have a script, we ask that you place a call to their office to request a script be sent to us at 757-790-4006. It should read "Physical Therapy Evaluate and Treat PRN"

### **Returning Patients**

For returning patients, please bring your new prescription if you were referred or have it faxed to 757-790-4006.

### **Fees/Payment**

Payment is due in full within 7 business days from receiving a bill. We accept credit or bank transfer services.

### **Insurance Reimbursement**

Athlete's Training for Performance is an out of network provider for all insurance providers. We will provide an invoice to you at each visit for you to submit to your insurance company for reimbursement. We suggest that you contact your health insurance company before your first visit to get the information you need to maximize your out-of-network benefits. It is your responsibility to understand your health insurance coverage, know how to get reimbursed and at what level. It is your responsibility to follow-up with your insurance company after the submission of claims to ensure that the claims are processed correctly. Your signature below indicates you are financially responsible for all charges incurred and that outstanding balances over 90 days can be processed by a collection agency.

### **Prescription/Physician Referral**

Please bring a current (within 30 days), valid prescription from a licensed physician or nurse practitioner, chiropractor, or dentist. Even though the state of Virginia has direct access to physical therapy, the number of sessions that is allowed without a prescription is unlimited for 30 business days following your initial examination. Additionally, your insurance company will require a prescription before they provide coverage. If Medicare is your insurance provider, we will be happy to recommend clinics that are covered. We do not participate with Medicare for physical therapy; however, Medicare patients can be seen for wellness visits.

### **Treatment Sessions**

A session typically lasts for 60 min. For your evaluation and each follow up visit, please wear or bring clothes appropriate for exercise and that allow us to treat at and around the affected area. (such as shorts, yoga pants or sweat pants and t-shirt or tank top).

### **Consent To Treat**

The patient hereby consents to the administration of appropriate evaluation and therapeutic procedures as requested by the physician prescribing care and/or via direct access and subsequent approval of the patient's primary care provider. The therapist will monitor your progress and adjust treatment frequency and duration according to medical necessity as needed.

### **Medical Information/Medical Records**

We understand that your present and past medical information is personal. We are committed to protecting information about you. We create a record of care and services you receive at Athlete's Training for Performance that is via paper documents that are stored in a locked safe. We need these records to provide you with quality care, to comply with legal requirements and to meet

your needs for reimbursement. This notice applies to all of the records generated: law to requires us:

- a. Make sure that medical information that identifies you is kept secure.
- b. Give you this notice of our legal duties and privacy practices with respect to medical information about you.

Please make sure you have completed your intake forms fully to ensure that your medical record is complete.

**Tardiness**

We ask that you arrive on time for your appointments and that you are considerate of the next patient's time when your session ends. If you arrive late your treatment time will be shortened.

**Cancellations/No Shows**

Please give us 24 hours notice if you are unable to keep your appointment. Failure to give 24 hours notice will result in a \$100.00 charge to your credit card space. No shows will also result in a \$100.00 charge.

By signing below, I certify that I have read the above policies, understand and will comply with them. I agree that Athlete's Training for Performance retains the right to charge my credit card for scheduled appointments missed by lateness, late cancelation or no show activity, as described above.

Signature of Patient or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

