



_____ **Primary Insurance-** we will bill your primary insurance as a courtesy to you. We assume payment of **insurance** benefits is **not forthcoming on charges older than 60 days. Charges outstanding for more than 60 days will be due in full from you regardless of the type of insurance involved.** Any remaining balance after your co-pay and your primary coverage has been paid, including items classified as above usual and customary, is due from you upon receipt of the explanation of benefits from your primary insurance carrier. You will be responsible for any item not paid in full by your insurance carrier. Prior to beginning treatment, we will verify your insurance benefits. While we will take all responsible action to provide accurate therapy benefit information for your specific plan, be aware that verification of benefits is not a guarantee of payment from your insurance carrier. Secondary insurance will be your responsibility to file and collect.

_____ **Medicare-** we will bill Medicare for you. In most cases, Medicare will pay 80% of allowable charges. We will bill your secondary insurance for you, if you have one, or the balance will be billed to you.

_____ **Self Pay-** Please pay the balance in full at the time of service or upon receipt of a monthly statement or notice. In the event that you are unable to pay the balance in full, we are willing to make reasonable payment arrangements. Please be advised that Curran Physical Therapy & Rehab is not a credit grantor, and therefore, failure to maintain these arrangements may result in the placement of your account with a collection agency or attorney for collection. Credit cards (Mastercard, Visa) are accepted for payment on account.

_____ **Workers Comp-** We will bill your Workers' comp carrier for your charges. Please note that you will remain financially responsible for all of your charges if your carrier denies coverage.

_____ **Legal Suit-** We will accept a letter of protection if you meet each of the following criteria:

Do not qualify for benefits under any insurance policy (medical, auto), and
Are indigent and cannot pay for charges due using cash or credit card, and
Are awaiting settlement and subsequent payment of damages from a related legal case,

and

Return our lien, signed by both you and you attorney

Prior to your settlement, payment on your account will not be required unless your charges remain outstanding for more than 90 days from the date of last treatment. Upon settlement of your legal case, your balance in full is due within 30 days. Please be aware that you will remain financially responsible for services rendered regardless of the payment option selected above. IN the event that your account becomes delinquent and is therefore in default of payment, the patient, legal guardian, or admitting parent will be responsible for the principal amount owing, and all reasonable costs associated with the collection of this debt, including, but not limited to, collection service fees, attorney's fees, and all court costs and additional legal expenses associated with the recovery of this debt. We reserve the right to charge interest on balance over 30 days old, charge returned check fees as allowed by state law, and charge a no show fee for missed appointments when adequate notice of cancellation is not provided. Thank you for allowing us this opportunity to serve you. If you have any questions about the above information or any uncertainty regarding your insurance coverage, please ask for assistance. Kindly sign and date this document to indicate that you understand and agree to the terms of this payment policy.

Checking this box indicates that the formal office HIPAA policy and procedures have been explained to the above noted patient and that a copy of the policy was provided to the patient.

Assignment of benefits/authorization to release medical information/consent to treatment: I hereby assign all medical benefits to which I am entitled to Curran Physical Therapy & Rehab, in the event they file insurance on my behalf, I understand that I am financially responsible for all charges whether or not paid by said insurance. In the event that my account becomes delinquent and there is a default of payment, I accept responsibility for the principal amount owing as well as all reasonable costs associated with the collection of this debt. This includes but is not limited to collection service fees, attorney's fees, and all court costs and additional legal fees associated with the collection of this debt. Interest may be charged at a rate of 1.5% per month (12%) annually for unpaid balances over 30 days old. I hereby authorize said assignee to release all information necessary to secure the payment of said benefits. A copy of this assignment shall be considered as effective and valid as the original. I hereby consent to such treatment by the authorized personnel of Curran Physical Therapy & Rehab as may be dictated by prudent medical practice by my illness, injury, or condition. This consent is intended as a waiver of liability for such treatment excepting acts of negligence.

Authorized Signature

Date

Curran Physical Therapy Notice of Patient Information Practices:

THIS NOTICE DESCRIBES HOW MEDICAL AND PERSONAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS FORM CAREFULLY

OUR LEGAL DUTY-

Curran Physical Therapy is required by law to protect the privacy of your personal and health information, provide notice about our information management practices, and follow the information protocols described below.

USES AND DISCLOSURES OF HEALTH INFORMATION-

Curran Physical Therapy uses your personal and health information primarily for treatment, obtaining payment for treatment, conducting internal administrative activities, and accessing the quality of care we are proud to provide. We use your personal information to contact you to arrange an appointment with us and to properly bill your insurance carrier for the services we provide you with. In addition, we may, from time to time, disclose your health information without prior authorization for public health purposes, auditing tracking, and research studies. In any other situation, Curran Physical Therapy will obtain your written permission and authorization before disclosing your personal health information. If you provide us with written authorization to release your information for any reason, you may later revoke that authorization to cease future disclosures at any time. If and when any changes are made in our privacy and confidentiality policies, a New Notice of Information Practices will be posted in the same area for public view. You may request a copy of our Notice of Information Practices at any time. Our HIPAA Compliance Officer is James Curran. He can be reached at the office by calling 484-645-6451

Patient's Individual Rights-

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct inaccurate or incomplete information in your records. You also have the right to request a list of instances where we disclosed your personal health information for reasons other than treatment, payment, or other health related administrative purposes. You may request in writing that we not use or disclose your personal health information for treatment, payment, or administrative purposes except when specifically authorized by you, when required by law, or in an

emergency. Curran Physical Therapy will consider all such requests on a case by case basis. The company is not legally required to accept the requests.

Concerns and Complaints-

If you are concerned that Curran Physical Therapy may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our HIPAA Compliance Officer, James Curran, at the office address and phone number listed below. You may also send a written complaint to the U.S. Department of Health and Human Services.

Curran Physical Therapy
1008 Delaware Ave
Havertown, PA 19083
484-645-6451

CURRAN PHYSICAL THERAPY

PATIENT INFORMATION

LAST NAME: FIRST NAME: M.I.: SEX:
D.O.B.: AGE: SOCIAL SECURITY:
ADDRESS:

HOME PHONE: CELL PHONE:
EMPLOYMENT STATUS: () EMPLOYED () FULL TIME STUDENT () PART TIME STUDENT
() RETIRED
EMPLOYER NAME: TITLE/POSITION:
WORK ADDRESS:

WORK PHONE NUMBER:

EMERGENCY CONTACT, LEGAL GUARDIAN, INSURED INFO.

LAST NAME: FIRST NAME: M.I. :
PHONE NUMBER:
ADDRESS:

REFERRING PHYSICIAN INFORMATION

LAST NAME: FIRST NAME: NPI #:
ADDRESS:
PHONE : FAX:

REASON FOR TODAY'S VISIT

PLEASE DESCRIBE INJURY /ACCIDENT/ ILLNESS:

TYPE OF ACCIDENT: DATE OF ACCIDENT:

PRIMARY INSURANCE INFORMATION

COMPANY NAME: EFFECTIVE DATE:
I.D. #: GROUP #:
ADDRESS:

PHONE NUMBER:
POLICY HOLDER (IF OTHER THAN PATIENT):
RELATIONSHIP: SOCIAL SECURITY:
COPAY/COINSURANCE: DEDUCTIBLE AMOUNT: MET: YES NO
MAX # VISITS:
CASE MANAGER: PHONE: FAX:

SECONDARY INSURANCE INFORMATION

COMPANY NAME: EFFECTIVE DATE:
I.D. #: GROUP #:
ADDRESS:

PHONE NUMBER:
POLICY HOLDER (IF OTHER THAN PATIENT):
RELATIONSHIP: SOCIAL SECURITY:
COPAY/COINSURANCE: DEDUCTIBLE AMOUNT: MET: YES NO
MAX # VISITS: