KULP PHYSICAL THERAPY AND MASSAGE 1331 East Victor Road, Victor, N.Y. 14564

Phone: 585-742-8270 Fax: 585-742-8272

OFFICE POLICIES

GENERAL INFORMATION:

Thank you for choosing Kulp Physical Therapy for your therapy treatment. We know that you will find our staff to be dedicated professionals who pride themselves in providing quality care to all of our patients. Our objectives include assisting you to reach your highest level of function and providing you with the education and knowledge to become independent with your care and prevention of injury/re-injury. If you have any questions or concerns, do not hesitate to ask for assistance, we are happy to help. We encourage you to wear loose, comfortable clothing or athletic attire to treatment, but if you are unable or forget we have items available for your use. If you have had an x-ray, CAT scan, MRI, or other type of testing please bring it with you or have the results sent to us.

ATTENDANCE:

We have found that consistent attendance and taking an active role in treatment is the key to success. Our clinic typically books up 2-3 weeks ahead. It is best to schedule your future appointments in advance based on your therapists anticipated plan of care for frequency and duration so that your treatment is easier to fit into to your personal calendar. We ask that you attend all of your appointments on time; late arrival may result in a shortened or cancelled treatment session with potential fees. It is not fair for the patient scheduled after you to wait because unforeseeable circumstances caused you to be late to your appointment. If you find that you are unable to attend your scheduled appointment please notify us as soon as possible (see additional detail in cancellation policy). Minors must always be accompanied by a parent, guardian or pre-approved chaperone.

COMMUNICATION

In order to allow timely and accurate communications with your primary and/or referring physicians we ask that you notify us of any doctor(s) you wish your treatments be reported to and any changes in doctors as soon as possible. Therapists will forward notes to your physicians of choice routinely informing them of your progress and status.

PATIENT GUIDELINES & RESPONSIBILITIES

- Please arrive 10 minutes prior to your scheduled appointment to allow time for checking in and paperwork.
- You are responsible for providing complete & accurate information about your health and health history.
- You must notify us immediately of any pertinent changes in phone number, address, medication, insurance, doctors, Home Health status, and/or inability to pay for your services.
- If you cancel or do not show for 3 or more appointments without the minimum of 24 hour notice, you may be restricted or discharged from the clinic at the discretion of the owner and/or therapist.
- Family members, friends, caretakers, etc, should remain in the waiting area unless permitted by the therapist. Children are the parent's responsibility and if under 12 must remain with them at all times.
- Smoking is prohibited inside the clinic; and <u>not</u> smoking in the entrance/parking areas would be appreciated.
- You are responsible for any/all personal items brought to the clinic, Kulp Physical Therapy and Massage is not responsible for items that are lost, stolen, or damaged.
- Consumption/possession of drugs (non-prescribed/controlled) and/or alcohol are prohibited at the clinic.
- No weapons shall be allowed in the clinic.
- Animals are not allowed in the clinic; with exception of service animals which are permitted under ADA guidelines.
 **additional paperwork if a service animal will be accompanying you to your appointments.
- You will be responsible for consideration of the rights of others while in the clinic or practice premises.

PRESCRIPTIONS & DIRECT ACCESS

Some patients are referred for physical therapy by a doctor and given a prescription. A prescription for physical therapy supports the medical necessity for treatment of their ailment (not to be confused with an insurance referral or authorization). In most cases, prescriptions need to be renewed every thirty days. As a courtesy to you we will request prescription renewals but it is important for you to stay involved and understand the process. Once physical therapy is prescribed and treatment begins NYS law mandates that an active P.T. prescription with diagnosis and a doctor's signature must be on file for treatment to be rendered. NYS does allow patients to self refer to physical therapy (guidelines apply). Physical Therapists can provide treatment up to 10 visits or 30 days whichever comes first, without a prescription from a doctor. Treatments rendered without prescription, however, may not always be covered by your insurance and patients are required to sign a direct access informed consent to obtain treatment with that understanding. If you elect direct access and you want treatment to continue beyond the direct access expiration, or you don't qualify due to the direct access guidelines, then you need to secure a prescription for physical therapy from your doctor.

INSURANCE BENEFITS, REQUIREMENTS & LIMITATIONS:

For optimal coverage you should make sure we are in network with your insurance plan. Patients are required to know and disclose to us if an insurance referral/pre-authorization is required by their insurance plan (not to be confused with a prescription). If a referral/authorization is required we can obtain one for you, preferably prior to the initial appointment. We cannot possibly know the details of everyone's policy; it is the patient/member's responsibility to know their eligibility and benefits, as well as frequency and limitations of their coverage. If you exceed your benefit allowance you will be billed for services performed. Kulp Physical Therapy is not responsible for knowing or tracking your therapy benefits. (For Medicare clients this disclosure is in lieu of an ABN*). This information is available to you by calling the member services department of your plan or utilizing your plan's website, however, there is no guarantee coverage over the phone or internet. We encourage all patients to call their plan and inquire prior to starting therapy. We have staff that can assist you with determining your benefits if you require or request assistance. *ABN: Advanced Beneficiary Notification

BILLING AND FINANCIAL POLICY:

Completing the insurance information section of the attached packet allows us to bill your insurance carrier(s) directly. Kulp P.T. will hold the patient/guarantor responsible for all charges in the event a referral/pre-authorization is not made on time due to failure to disclose current insurance, insurance changes, an event that modifies your coverage; services are denied, and/or are not covered by your insurance. We require co-payments to be paid at the time of service. We require high deductible plan members to make a prorated payment on services rendered until the deductible is met. Balances determined after insurance processing will be billed to you and due within 30 days. If your check is returned for insufficient funds or if your debit, credit, HSA, or FSA, card account declines after submission you will be responsible for any/all fees we are subjected to as a result. It is understood and agreed that in the event an outstanding balance is referred to a collection agency for recovery, you will be fully responsible for all collection agency fees and/or attorney fees.

Your signature below indicates that you have read and fully understand these policies, terms and condition		
Patient signature (Parent if patient under 18)	date	
I would like a copy of the office policies for my records.		Updated 2/18