

Scanlon Physical Therapy, Inc.

William F. Scanlon, P.T.

722 Centre St.

Jamaica Plain, MA 02130

T: (617) 522-5550

F: (617) 983-0884

HIPPA CONSENT FORM

I give Scanlon Physical Therapy, Inc. my consent to disclose my protected health information to carry out my treatment, to obtain payment from insurance companies, and for health care operations like quality reviews.

I have been informed that I may review the clinic's Notice of Privacy Practices (for a more complete description of uses and disclosures) before signing this consent.

I understand that I have the right to request a restriction of how my protected health information is used. However, I also understand that the clinic is not required to agree to the request. If the clinic agrees to my requested restriction, they must follow the restriction(s).

I also understand that I may revoke this consent at any time, by making a request in writing, except for the information already used or disclosed.

With this consent, Scanlon Physical Therapy, Inc. may call my home or other alternative phone numbers and leave a message on voice mail or to any person answering the phone in reference to any items that assist the office in carrying out treatment, payment and health care operations, such as appointment reminders, insurance items and any calls pertaining to my clinical care. _____(INITIAL)

Signature: _____ Date: _____

Patient, parent or legal guardian

If signed by patient representative state relationship to patient: _____

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CO-PAYMENTS, DEDUCTIBLES, CO-INSURANCE, AND SELF-PAY

CO-PAYMENTS

All co-payments are due at the time of service. If you forget your co-payment for one appointment please plan to make that payment with your next co-payment upon checking in for your following appointment.

DEDUCTIBLES AND CO-INSURANCE

Deductibles and co-insurance are due within 30 days of receipt of our bill. Some insurance carriers have set allowed amounts for physical therapy visits; in these instances, Scanlon Physical Therapy, Inc. reserves the right to request the deductible and/or co-insurance payment at the time of services. The front desk can provide a list of known allowed amounts based on the type of insurance.

SELF-PAY

If Scanlon Physical Therapy, Inc. is not in-network with your insurance carrier and you do not have out-of-network coverage you are responsible for payment in full. Self pay rates represent the average insurance reimbursement rates for the region; \$100/evaluation and \$60/follow-up. You may choose to pay for your services rather than go through your insurance policy; however, Scanlon Physical Therapy, Inc. cannot submit claims to your insurance carrier at a later date. This is due to claim filing limits, time restrictions in obtaining approval, and lengthy date entry efforts.

INSURANCE

Patient must complete and sign information and insurance forms prior to being seen. You must present a current insurance card at each visit if requested. You have a responsibility to provide information to our office so a claim can be properly submitted. If your insurance company has not paid a claim on your behalf within 90 days because of information that you have not provided, you will be responsible for payment. If we receive payment at a later date, you will be reimbursed by Scanlon Physical Therapy, Inc. If the insurance company that you designate is incorrect, you will be responsible for payment of the visit or visits. If we receive payment at a later date from the correct insurance company, you will be reimbursed by Scanlon Physical Therapy, Inc. It is imperative that we receive new insurance as soon as possible so that we can submit our invoices for your visits to your insurance company within the filing limit, otherwise the insurer may deny our invoice for your services and you will become responsible for payment.

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If you have any questions about your Rights or would like a complete set of the law called the Massachusetts Patient Bill of Rights, please don't hesitate to ask your Physical Therapist.

These Are Your Rights:

- You have the right to be treated in a caring and polite way.
- You have the right to know all the facts we have about your illness, treatments and possible outcomes. Your therapist will give these facts to you.
- You have the right to know the name and specialty of the therapist responsible for your care.
- You have the right to say yes to treatment. You also have the right to say no or refuse treatment.
- You have the right to be examined in private by your therapist, and you have the right to talk to your therapist in private.
- You have the right to look at your medical records and get a copy for a reasonable fee.
- You have the right to take part in a research study if you are asked. You also have the right to say no if you do not want to take part.
- You have the right to expect evaluation and treatment of pain.
- You have the right to expect that we will try to get back to you as quickly as possible when you ask us to do something.
- You have the right to receive written notice of how your health information will be used and shared in order for you to receive the highest quality of care. This is called our Privacy Notice and it contains patient rights and our legal duties regarding your health information. You may request a copy of this Private Notice from any staff member.
- You, your family, your significant other or your guardian have the right to tell us when something is wrong. This is called presenting a complaint. If you present a complaint, your care will not be affected in any way. If you have a problem that you cannot solve with your therapist, please call the office. If you send a complaint by fax, e-mail or written letter, the office will acknowledge your communication within two business days.
- You have the right to file a complaint with an outside agency. You can file a quality of care complaint to the Massachusetts Division of Healthcare Quality at 617-753-8150 or to The Joint Commission at 800-994-6610. If you think your civil rights have been violated, you can call the Massachusetts Attorney General's Office at 617-727-2200