



## **Practice Policies**

### **New Patients**

For new patients: Please bring your valid prescription; plus all of the forms (if previously emailed). In Texas, we have 10 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. It should read "Physical Therapy Evaluate and Treat PRN". If you do not have a PCP, consider using Care Convene telehealth app.

### **Returning Patients**

For returning patients, please bring your new prescription if you were referred or have it faxed to 833-305-0182. You may be required to fill out a Patient Intake form to ensure updated information.

### **Fees/Payment**

Payment is due in full at the time of each session or in advance for packages. We accept cash and credit cards or Venmo. Credit cards will be processed through Chase Merchant Services.

### **Insurance Reimbursement**

Body Fix 180, LLC is an out of network provider for all insurance providers. We will provide an invoice/superbill to you at the end of your treatment cycle, upon your request. You may submit the superbill to your insurance company for reimbursement. This does not guarantee you will be reimbursed. Reimbursement will depend on your insurance out of network benefits. 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. A patient insurance worksheet can be provided to help you ask the right questions. It is your responsibility to understand your health insurance coverage and 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 claims are processed correctly. Your signature below indicates you are financially responsible for all charges incurred.

### **Prescription/Physician Referral**

Please bring a current (within 1 year), valid prescription from a licensed physician or nurse practitioner, chiropractor, or dentist.

Even though the state of Texas has direct access to physical therapy, the number of sessions that are allowed without a prescription is limited for 10 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.

### **Treatment Sessions**

A session typically lasts for 50-60 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 sweatpants 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. 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 Body Fix 180, LLC. Each visit is recorded and stored electronically. We ensure information about you and your reason for receiving services will remain private and be disclosed only upon your approval. This notice applies to all of the records generated law to require 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.
- c. Abide by the terms of this notice.

\_\_\_\_\_ Please initial here to acknowledge privacy and HIPPA policy.

**Newsletter and Contact:**

If you supplied an email address, you may be signed up for our email newsletter. This will include updates, news, classes, deals, presentations and the like. If you **DO NOT** wish to receive these, please initial here \_\_\_\_\_

**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, unless reasonable reasons are given. No shows will 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 Body Fix 180, LLC retains the right to charge my credit card for scheduled appointments missed by lateness, late cancellation or no show activity, as described above. I also understand that no claims will be submitted to my insurance on my behalf. I give Body Fix 180, LLC consent to treat.**

Signature of Patient: \_\_\_\_\_

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

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

If above is under the age of 18 please sign parent or guardian below:

Signature of parent/guardian: \_\_\_\_\_

Printed name: \_\_\_\_\_

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