



OFFICE POLICIES and CONSENT TO TREATMENT

Fitness and Rehabilitation Inc. (FAR) provides **rehabilitative, preventive, and wellness** physical therapy care in Fairfax, VA. Our mission is to provide caring and professional one-on-one physical therapy.

DOCTOR'S REFERRAL: You may receive physical therapy services without a doctor's prescription. We do require that you please provide us with your physician contact information (name, practice and phone number) at the time of your evaluation. Virginia provides Direct Access to physical therapy with some limitation. Patients are allowed to begin and receive physical therapy (PT) care without a doctor's prescription for up to 30 days. Physical therapy treatments required beyond the initial 30 days will need a physician's consent. Your physical therapist will request it directly from your physician, osteopath, chiropractor, podiatrist, dental surgeon, licensed nurse practitioner, or a physician assistant.

PAYMENT POLICY: As a courtesy to you, FAR will submit your claims directly to your insurance company. *We kindly ask that you are aware of your own insurance contract's copayment, co-% and deductible responsibilities.* Credit card payments will incur a 3% (in office) or 4% (over the phone) transaction fee. Cash or checks incur no extra cost.

You are financially responsible for all charges that are not paid directly by your insurance company, third party (auto insurance or attorney) or in the event that your account becomes delinquent. You accept responsibility for the outstanding amount owed to FAR and all reasonable costs associated with the collection of this debt. This includes, but is not limited to, collection fees, attorney's fees, all court costs and additional legal fees associated with the recovery of the outstanding amount. Interest may be charged at a rate of 1.5% per month for unpaid balances over 90 days old.

SELF-PAY: Fitness and Rehabilitation offers adjusted rates for individuals who do not have insurance coverage or choose to pay out of pocket at the time of service. Please contact our office at 703 261-6758 for the fee schedule.

MEDICARE BENEFITS: Medicare Part B outpatient Physical Therapy (PT) combined with Speech-Language Pathology Services (SLP) has an annual cap of approximately 14 visits per year. Additional visits must be medically necessary as deemed by your physical therapist and MD. All Medicare patients are required to sign the Advanced Beneficiary Notice (ABN) prior to start of care.

CANCELLATION POLICY: Please notify us 24 hours in advance if you are unable to keep a scheduled appointment as a courtesy to other patients and your therapist. The charge for the missed appointment will be \$50 (payable by you at your next visit). Appointment cancelled at least 24 hours in advance will not be charged.

CONFIDENTIALITY: All personal and health information is kept confidential and will be provided only to your referring physician and your insurance company. Further release of information to any other party will require you to sign the HIPPA privacy authorization form.

CONSENT FOR TREATMENT: The patient consents to evaluation and treatment provided by the physical therapist recommended by a physician, osteopath, chiropractor, podiatrist, dental surgeon, licensed nurse practitioner, or a physician assistant. I, the undersigned, waive and release, and agree to hold harmless Fitness and Rehabilitation, Inc. and its employees against any and all claims in any way connected with my participation in this program.

By my signature below I indicate my understanding of the above policies and provide consent to treatment as stated above. I may revoke this authorization at any time with written notification.

Signature of Patient or Legal Guardian

Date

Signature of Patient or Legal Guardian

Date