

LARCHMONT PHYSICAL THERAPY – FAQ’S / OFFICE POLICIES

LPT CANCELLATION / NO SHOW POLICY: We request 24 hours notice prior to your appointment time to cancel/reschedule. **For Monday appointments, you must contact us on Friday before end of business.* For no-show appointments (*patient is 15 minutes late or more to a scheduled appointment*) or appointments cancelled outside the above mentioned parameters, there will be a \$60.00 fee assessed to your account. This fee is not billed to your insurance company and is the patient’s responsibility due immediately. Timely cancellations allow us time to offer appointments to patients on the wait-list. **Note:* Our appointment reminders (by phone call, text, or email) are a **courtesy** service we offer to our patients. Not receiving a reminder is *not* a valid reason to miss a scheduled appointment.

▶▶ **Please initial** you have *read our cancellation policy in full:* _____

PAYMENT AT TIME OF SERVICE: If Larchmont Physical Therapy (LPT) accepts your insurance, we will bill them as a courtesy. In turn, we ask that you pay your portion of the patient responsibility at the time of each treatment. If your insurance company fails to pay, the balance to be assigned to patient responsibility. Visa, MasterCard, Discover, and American Express are accepted as well as check and cash. Please refer to your insurance write up for *approximate* amounts. Supplies are not covered by insurance companies. These balances fall 100% to the patient and are to be paid for at the time they are issued.

REPORTING INSURANCE CHANGES: It is the patient’s responsibility to notify LPT of ANY insurance changes (including change of group number or insurance company) *as soon as possible.*

REPORTS TO PHYSICIANS: All insurance companies require a current “plan of care” or prescription every 30-90 days. Your therapist will assess your progress at the end of the prescriptions timeline. We will send this report to your referring doctor so s/he can sign off on your continued therapy. Please notify us in advance of future doctor appointments so we may send their office a letter information them of your progress.

LPT TEAM APPROACH: Occasionally you may see a different therapist, board certified physical therapy assistant, or physical therapy student. This offers more availability for scheduling as well as a different approach or style of treatment that may help progress your recovery. Please let us know if you are not comfortable with any aspect of this.

PERSONAL HEALTH INFORMATION (PHI) RELEASE CONSENT: I have read and understand LPT’s notice of information practices. I understand that LPT may use or disclose PHI for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and other administrative operations related to treatment or payment. I understand that I have the right to request restrictions on how my PHI is disclosed. I also understand that LPT will consider requests on a case-by-case basis, but LPT is not required to agree to requests for restrictions.

I hereby authorize the release of my PHI necessary to process insurance claims and authorize payment of medical benefits to Larchmont Physical Therapy for services rendered. I have read and fully understand that I am responsible for all the expenses incurred and services rendered to me if my health insurance denied payment for any reason.

▶▶ **Patient signature** / Parent or legal guardian signature

Date

Thank you for choosing Larchmont Physical Therapy!