

Financial Policy and Protected Health Information Acknowledgement and Consent

Financial Policy

Cardin & Miller Physical Therapy charges what is usual and customary for your therapy treatment sessions and products. Your insurance is a contract between you and your insurance company and we encourage you to know your insurance coverage. We do accept assignment from many insurance companies and we are contracted with those insurance companies to process the claims as directed. It is your responsibility to verify our participation with your insurance. In the event that we do not accept assignment of benefits, you will be responsible for payment. Your insurance company has final determination of payment and you will be billed for any and all copays, coinsurances, deductibles and all member/patient liabilities. All copays are due and payable at the time of service. Please remember that Cardin & Miller Physical Therapy will verify your benefits but this is never a guarantee of payment and benefits quoted are based on information given on the date of service. It is your responsibility to update your insurance with our practice as it changes. Cardin & Miller can not be held responsible for any changes in insurance information after services are rendered. We do follow regular practice guidelines for the billing of your account. If for any reason your account should become delinquent past 90 days or no current address is on file, we will use Berks Credit & Collections to collect on your account. If your account should be placed with Berks Credit & Collections, any and all correspondence and payments will be made directly to them.

Protected Health Information

Cardin & Miller Physical Therapy has a notice of privacy practice that describes how we may manage, use and disclose your protected health information. This form also describes how we may access your information and exercise our rights in using this information while you are a patient in our practice. We will exercise our right to use and disclose health information about you for treatment, payment and health care operation purposes. We do follow the legal guidelines in our practice where your protected health information is concerned. We also reserve the right to change our notice of privacy practice to make the terms of any change effective for all protected health information that we maintain (including information created or obtained prior to the date of the effective date of change). Please list anyone you wish us to disclose your healthcare information to on this form. Please be aware that anyone requesting your information that is not listed on this form will need approval from you prior to the information given. Please read the enclosed Privacy Act prior to signing the acknowledgement and consent form.

Please list names of to who protected health information may be given.

I have read and fully understand the Financial Policy and Protected Health Information Privacy Act. I have read the privacy practice for Cardin & Miller Physical Therapy and have authorized them to use and disclose health information regarding my care for treatment, payment and healthcare operation purposes.

Signature of Patient

Date

Signature of Parent, Legal Guardian or POA