

FINANCIAL POLICY AND PROTECTED HEALTH INFORMATION ACKNOWLEDGMENT FORM

Thank you for choosing Cardin & Miller Physical Therapy for your healthcare needs. We are committed to providing you with the highest quality of care. Our professional fees have been determined through careful consideration in addition to what is usual and customary in our industry. In order to achieve our goal of providing you with the best care possible, we need your assistance in understanding of our financial policy.

INSURANCE VERIFICATION

- Your insurance is a contract between you and you and your insurance company. It is your responsibility to know your own insurance coverage policy.
- Your insurance coverage and benefits are a contract between you and your insurance company and therefore all disputes must be handled between you and your insurance company.
- We do accept assignment from many insurance companies and we are contracted with those insurance companies to process the claims as direct by your remittance advise.
- If you have insurance coverage under a plan with which we do not have a contract, you will be treated as a SELF PAY client.
- You WILL be billed for all copays, coinsurance, deductible and all member/patient liability's that your insurance company reports.
- Verification of benefits is NOT a guarantee of payment from your insurance company.
- Cardin & Miller Physical Therapy will not be held responsible for any changes in insurance information after services are rendered.

PATIENT RESPONSIBILITY

- Payment in full is due at the time services are rendered.
- Any amount not covered by the insurance company as reported as a member/patient liability, the balance is due within 30 days.
- Failure to pay a balance may result in discharge from care.
- Balances delinquent greater than 60 days will result in placement with our collections agency.

SELF PAY

- A self-pay plan must be on file for self-pay charges to be applied unless reported by the patient's insurance that the maximum benefit through their insurance coverage has been met.
- Self-pay charges will NOT apply after the patient's insurance company had been billed for eligible benefits.

SECONDARY METHOD OF PAYMENT

- All patients are responsible for supplying Cardin & Miller Physical Therapy with a secondary method of payment.
- Secondary method of payments may include additional insurance coverage or this signed financial policy that states the patient is responsible for payment if the maximum has been met through their insurance coverage or their benefit has been exhausted.

MISSED/ROUTINELY CANCELLED APPOINTMENTS and OTHER FEES

- Cardin & Miller Physical Therapy reserves the right to charge for any no show appointment.
- Cardin & Miller Physical Therapy reserves the right to charge for any cancelled appointment not received within 24 hours.
- Failure to arrive on time for your appointment may result in a charge.
- There will be a charge for any returned check and all fees from any bank will be the patient responsibility.
- All balances are due prior to any further services rendered by our office.

COLLECTIONS

- All accounts delinquent past 60 days will result in placement to our collections agency.
Commercial Acceptance Company
2300 Gettysburg Road
Suite 102
Camp Hill, PA 17011

866-678-6855

- Any outstanding balance delinquent past 60 days may be subject to a collection fee which will be added to the total balance due.
- Patients with unpaid delinquent balances or accounts which have been sent to the collection's agency may be discharged from care until the balance is paid in full.

PAYMENT PLANS

- Payment plan are available.
- Please contact our billing department to arrange for a payment plan PRIOR to account balances being placed with our collection's agency.
- All payment plans may be arranged with our Patient Accounts Management Department at:
 290 E. Pomfret Street
 Carlisle, PA 17013

717-245-00400

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 operations 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 changed effective for all protected health information that we maintain (including information created or obtained prior to the date of the effective 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 information being given. Please read the enclosed PRIVACY ACT prior to signing the acknowledgment and consent form. A copy of this form is available to you.

Please list names to whom your protected health information may be given or shared.

_____	_____
_____	_____

SIGNATURE

I have read and fully understand the FINANCIAL POLICY AND PROTECTED HEALTH INFORMATION ACKNOWLEDGMENT FORM. I have read and fully understand the Protected Health Information PRIVACY ACT. I authorize Cardin & Miller Physical Therapy to use and disclose information regarding my care for treatment, payment and healthcare operation purposes.

Signature of Patient

Date

Signature of Parent, Legal Guardian or POA

<p>A copy of this FINANCIAL POLICY AND PROTECTED HEALTH INFORMATION ACKNOWLEDGMENT FORM and PRIVACY ACT is available upon request.</p>
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CARDIN & MILLER PHYSICAL THERAPY

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read carefully.

OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

The privacy of your medical information is important to you. We understand that your medical information is personal and we are committed to protecting it. We create a record of care at Cardin & Miller Physical Therapy. We need this record to provide you with quality of care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

LEGAL DUTY

The Law Requires Us To:

- Keep your medical information private
- Give you this notice describing our legal duties, privacy practices and your rights regarding your medical information.

We Have The Right To:

- Change our privacy practices and the terms of this notice at any time, provided the changes are permitted by law.
- Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously create or received before the changes.

We Promise To:

- Before we make changes in our privacy practices, we will change this notice and make the new notice available upon request.

USE AND DISCLOSURE

1. **For treatment:** Cardin & Miller Physical Therapy may share information with necessary providers to make sure you get the care you need.
2. **For payment:** We may share information with your insurance company so payment can be obtained for services rendered. Your insurance company may make a request to review your medical records to determine medical necessity.
3. **For health care operations:** We may use your healthcare records to check the quality of healthcare you receive and in audits, fraud and abuse programs, planning and management.
4. **For health notices:** We may send you notices about healthcare programs, appointment reminders and other topics.
5. **For legal reasons:** We may give your information to a court, investigator or lawyer in cases of fraud and abuse. If a court orders us to give your information, we will do so.
6. **For appeals:** Your or your healthcare provider may appeal decisions made about your healthcare services. Your health information may be used to decide these appeals.
7. **For eligibility:** We may share your information with federal, state and local agencies for administration purposes. We may also share your information with your insurance company to approve eligibility.

PRIVACY RIGHTS

- You have the right to ask us not to use or share you information in ways listed above. We may not be able to agree to your request. We must agree with your request if it is about an item or service you had paid for.
- You have the right to ask us to contact you confidentially, in writing only, at a different address, post office box or by telephone only. We will accept reasonable requests if needed for your safety.
- You have the right to look at and get a copy of your information. A personal representative who has the legal right may act on your behalf. To obtain a copy of your records, please ask us to send you a form to fill out. You may need to pay a fee for your records. We may keep you from seeing parts of your records when allowed or required by law.
- You have the right to ask us to change information in your records if it is not correct or complete. We may decline to change information if we did not create or keep it.
- You have the right to ask us for information shared about you. You make ask for a list of whom we shared your information with, when, why and what information was shared.
- You have the right to ask us for a paper copy of this Notice of Privacy Practices. You may also find this notice on our website at: www.cardinmillerpt.com.

QUESTIONS AND COMPLAINTS

If you think your privacy rights have been violated or you have questions regarding your privacy rights, you may contact us and file a complaint in writing or at steve@cardinmillerpt.com. Cardin & Miller Physical Therapy cannot take away your healthcare benefits or retaliate in any way if you file a complaint or use any of the privacy rights in this notice.