



Adams & Giddings  
Physical Therapy, PC

Sport & Spine Specialists

### MEDICARE STATEMENT OF FINANCIAL POLICY

**Welcome to Adams & Giddings Physical Therapy, P.C. (AGPT).** We assure you that you will receive the very best care available for your condition. The following information will familiarize you with the financial policy of this office and how your medical bills will be handled. A copy of this form is available upon request.

**Explanation of Insurance Coverage/ Insurance Billing:** We gladly accept Medicare insurance and the supplementary insurances that accompany Medicare. You are responsible for setting up the automatic crossover of Medicare claims to your supplement insurance. To do this, you must notify your supplement provider and Medicare by calling the customer service phone numbers on each insurance card. Regardless of your insurance coverage, your policy is a contract between you and your insurance carrier. You are ultimately responsible for payment that may include a coinsurance and/or deductible that your supplement insurance does not cover. If your claim is denied due to lack of coverage or your insurance company does not pay for the services rendered, you will be responsible for the entire balance on your account.

Medicare requires a doctor's written prescription in order for you to be seen for physical therapy. We must have that prescription the day you start therapy. Medicare will pay \$1,880 per year for speech and physical therapy combined. This amount is subject to change each calendar year.

**Payment Arrangements:** Should there be a balance on your account after Medicare and your supplement insurance have paid their portion(s), we will bill you. **Your portion of the bill must be paid within 30 days of the billing date.** Any unpaid balances will be considered past due and will be sent to collections after 75 days. We accept cash, VISA or MasterCard, or check<sup>1</sup>.

**Appointments:** We realize that on rare occasions you may need to reschedule or cancel an appointment. We request that you contact our office as soon as possible if you are unable to attend a physical therapy session. You can reach us at (970) 416-8342 to cancel or reschedule. Please leave a message on our voicemail after hours, if necessary.

**Authorization for Payment/Assignment of Benefits:** I hereby instruct Adams & Giddings Physical Therapy, P.C. to bill my insurance company for services rendered and said insurance company to make direct payment of medical benefits to:

**Adams & Giddings Physical Therapy, P.C. 702 W. Drake Road, Bldg E, Ste A Fort Collins, CO 80526**

**Release of Information:** I authorize any physician, hospital, school, referring agency or other person who has records pertaining to treatment at AGPT to release such records, upon request, to our facility. Furthermore, I authorize AGPT to use or release of any of my records it may have to third-party payers, government agencies, healthcare providers, or any other organizations that may assist them in meeting my healthcare needs. I may revoke this authorization in writing at any time and such revocation will be effective as of the date the written revocation is received by AGPT.

**Privacy Notice:** I, the below-named patient, understand that I am entitled to certain privacy rights regarding protected health information according to the Health Insurance Portability and Accountability Act of 1996 (HIPPA). I understand that during the course of treatment, AGPT will collect personal information about me that is necessary for treatment. AGPT will treat this information as confidential and realize the importance of protecting that information. A complete copy of the AGPT HIPPA Privacy Practices is available upon request.

I have read the above information and by signing below consent to financial responsibilities, release of information, assignment of benefits, and acknowledgement of privacy practices.

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Print Name

Signature of Patient or Responsible Party

Date

<sup>1</sup> A fee of \$25.00 will be charged on all returned checks.