## Practice Policies New Patients

For new patients: If you have one, please bring your valid prescription; plus all of the forms listed on our website. If you do not have the forms filled out prior to your first visit, please come 15 minutes early so that they can be completed before your scheduled appointment time. In Texas, we can evaluate you without a referral, however, you must have a valid order from your physician to initiate treatment. We will submit your evaluation to the primary care provider you identified, for a signature. If you donʼt have a script, we ask that you place a call to their office to request a script be sent to us at 855-791-3432. It should read “Physical Therapy Evaluate and Treat PRN”

A valid credit card number must be provided when scheduling your first appointment, and will be charged $100.00 if you do not

cancel within 24 hours of your appointment time. This card number is securely protected in your electronic medical record and is only used if you should miss an appointment in the future without 24 hour cancelation.

## Returning Patients

For returning patients, please bring your new prescription if you were referred or have it faxed to 855-791-3432, and an updated Patient Insurance Worksheet if any content has changed.

## Fees/Payment

Payment is due in full at the time of each session or in advance for wellness packages. We accept cash, and credit cards.

## Insurance Reimbursement

COREssentials Physical Therapy and Pelvic Wellness, PLLC is an out of network provider for all insurance providers. We will provide an invoice to you at each visit for you to submit to your insurance company for reimbursement. We suggest that you contact your health insurance company before your first visit and use our Patient Insurance Worksheet to get the information you need to maximize your out-of- network benefits. The worksheet is provided to help you ask the right questions. It is your responsibility to understand your health insurance coverage, know how to get reimbursed and at what level. It is your responsibility to follow-up with your insurance company after the submission of claims to ensure that the claims are processed correctly. Your signature below indicates you are financially responsible for all charges incurred and that outstanding balances over 90 days can be processed by a collection agency.

## Prescription/Physician Referral

Please bring a current (within 30 days), valid prescription from a licensed physician or nurse practitioner, podiatrist, physician assistant, chiropractor, or dentist. Additionally, your insurance company will require a prescription before they provide coverage. If Medicare is your insurance provider, we will be happy to recommend clinics that are covered. We do not participate with medicare for physical therapy; however, medicare patients can be seen for wellness or maintenance visits.

## Treatment Sessions

A session typically lasts for 50 min. For your evaluation and each follow up visit, please wear or bring clothes that are appropriate for exercise and that allow us to treat at and around the affected area. (such as shorts, yoga pants or sweat pants and tee-shirt or tank top).

## Consent To Treat

The patient hereby consents to the administration of appropriate evaluation and therapeutic procedures as requested by the physician prescribing care and/or via direct access and subsequent approval of the patients primary care provider. The therapist will monitor your progress and adjust treatment frequency and duration according to medical necessity as needed. For evaluation and treatment involving internal pelvic examinations, you have the option to request a chaperone or bring a chaperone with you.

## Medical Information/Medical Records

We understand that your present and past medical information is personal. We are committed to protecting information about you. We create a record of care and services you receive at COREssentials Physical Therapy and Pelvic Wellness, PLLC that is maintained electronically. This allows for us to remain free of paper charts, that are prone to damage, loss, or security concerns. We need these records to provide you with quality care, to comply with legal requirements and to meet your needs for reimbursement. This notice applies to all of the records generated: law to requires us:

1. Make sure that medical information that identifies you is kept secure.
2. Give you this notice of our legal duties and privacy practices with respect to medical information about you. Please make sure you have completed your intake forms fully to ensure that your medical record is complete. **Newsletter and Contact:**

If you supplied an email address, you will be signed up for our email newsletter. This will include updates, news, classes, deals, presentations and the like. If you do not wish to receive these, please initial here

## Tardiness

We ask that you arrive on time for your appointments and that you are considerate of the next patientʼs time when your session ends. If you arrive late your treatment time will be shortened.

## Cancellations/No Shows

Please give us 24 hours notice if you are unable to keep your appointment. Failure to give 24 hours notice will result in a $100.00 charge to your credit card. No shows will also result in a $100.00 charge.

By signing below, I certify that I have read the above policies, understand and will comply with them. I agree that COREssentials Physical Therapy and Pelvic Wellness, PLLC retains the right to charge my credit card for scheduled appointments missed by lateness, late cancellation or no show activity, as described above.

Signature of Patient or Guardian: Date:

Print name: