



Welcome to TEAM PT!

You have chosen a physical therapy center committed to helping you make a permanent change in your life. We take seriously our responsibility to evaluate, problem solve, move and motivate you to optimal health. Please read the following information to clearly understand our practice and policies.

Patient Education

Understanding your diagnosis, your surgery or why you have pain is crucial to the success of your rehabilitation program. We will explain your diagnosis and how your treatment program will correct it. You should know how your injury occurred, why it has occurred, what needs to be done to fix it and how long it will take. TEAM Physical Therapy will provide you with this education.

Appointments

Our office hours are Monday through Friday from 6:15 a.m. to 8:00 p.m. Appointments are made in advance. However, we reserve time each day for new patient referrals as physicians request and for our sports injury screenings. Please provide 24 hour notice if you need to cancel and reschedule.

Physical Therapy

Our Physical Therapists and Physical Therapist Assistants are licensed by the State of California and are required to meet continuing education requirements each year. Every patient receives a complete evaluation, biomechanical assessment, treatment program and home exercise instructions by our therapists.

Financial Responsibility

You or your family are responsible for all services rendered by TEAM Physical Therapy. Copayments are collected each visit. You will receive a monthly statement showing all charges and services, the portion your insurance carrier has paid and any remaining balance for which you are responsible.

On occasion your insurance may determine the care you have received is NOT a covered benefit. Please read your insurance handbook and be aware of what your insurance offers for benefits, or contact your insurance company directly. You will be responsible for care not covered by your insurance plan.

- Not a covered benefit – is not covered or only partially covered by your insurance plan.
- Not deemed medically necessary, as determined by your insurance company regardless of physician referral.
- Before or after insurance eligibility – services provided during a period your policy is not in effect.



Assignment of Benefits

All major medical and/or surgical benefits to which you are entitled, including Medicare and other government sponsored programs, private insurance, and any other health plans, will be assigned to us for the sole purpose of covering services rendered by TEAM PT.

Diagnosis Required

The state of California allows direct access for patients to receive a Physical Therapy evaluation without a physician referral. However, treatment by a physical therapist requires a diagnosis by a physician. This can be verbal from your physician, faxed, or hand carried by you. We can refer you to a physician if necessary through our Physician Referral Network.

Cost of Care

Our fees are established by two factors, predetermined reimbursement amounts by insurance carriers and competitive cost comparisons. Should financial difficulties prevent you from seeking complete care, please let us know, we may be able to assist you. For accounts that are 30 days past due, a 1.5% interest rate may be added to your outstanding balance (18% annual).

May I Pay Cash?

Yes, of course you can. We have discounted pricing for patients with HMO/non-covered insurance plans who need to pay cash. We offer individual evaluation and per visit cash prices as well as complete post-surgical rehabilitation cash plans.

Physician Referral Network

This unique program provides referrals to physicians of all specialties when medical necessity is determined in our sports screenings or evaluations. These participating physicians and surgeons have made appointments available for immediate access on a same-day or next-day basis. We can provide any inquiring patient with recommendations to leading physicians who are experts in their specialties for initial visits or second opinions.

I _____ have read all of the above information and acknowledge my agreement to said terms and conditions. I further acknowledge my understanding and agreement to the Assignment of Benefits and Financial Responsibility sections. I also authorize TEAM PT to release information, to disclose or obtain all or part of my records to any person liable for all or part of the charges of TEAM PT.

I _____ hereby assume all risks associated with my treatment program. I further understand that any and all expenses arising from an accident or injury to my person or property, including but not limited to ambulance and emergency medical services are my sole responsibility, and hereby fully and forever release and discharge and covenant to hold harmless TEAM PT and/or its Board, officers, employees, agents, volunteers from or for any and all claims, demands, damages, rights of action or causes of action, present or future, whether the same are known or unknown, anticipated or unanticipated, resulting or arising from or incident to myself in the physical/recreational activities.

Patient Name _____

Witness Name _____

Signature _____

Signature _____

Date

Date