



Patient Rights and Responsibilities

While you are in the care of Gray Physical Therapy, you have the right to:

- Expect that we will give you necessary physical therapy services to the best of our ability.
- Make informed decisions about your care.
- Care that is considerate and respectful of your personal values and beliefs.
- Complain (either verbally or in writing).
- Confidentiality
- Privacy
- Obtain information about your health status, possible treatments and likely outcome, and to discuss these with your therapist.
- Consent to or refuse to take part in research.
- Participate in the consideration of ethical issues that may arise in your care
- Security and safety, including freedom from abuse, neglect and harassment.
- Complain (either verbally or in writing). We want the opportunity to fix it!

As a patient you have a responsibility and obligation to:

- Communicate any changes in health or injury status and / or ethical concerns regarding your care.
- Be fully vested in your care with the goal of maximizing your functional recovery.
- Notify the office or your therapist when you cannot make a scheduled appointment or if you wish to discontinue services.
- Abide by the cancellation / no show policy in which 3 consecutive no show appointments and/or a 50% visit rate or less will lead to discontinuation of services.

Not showing for scheduled appointments not only hurts your progress but deprives someone else of that time slot. Therefore, a *NO SHOW* may result in a \$35 charge to you (not your insurance) and payment is expected at your next scheduled visit.

PLEASE BE COURTEOUS - A PHONE CALL IS ALL WE ASK!

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY



Payment and Billing Policies:

Health Insurance

- ⌚ If you have health insurance, we will need to make a copy of your identification card, and we will bill your insurer directly on your behalf for services you receive from us. You are responsible for *paying any related co-pays at the time of service*. If your benefits are subject to a deductible and/or coinsurance, you will be responsible for paying us directly for those costs once your insurance company has completed processing the claim and has determined your total liability for charges, however, *we do recommend that you begin making payments* towards these costs at each visit.

Liability Policy (i.e. Automobile)

- ⌚ If you are receiving care from us and the charges could be covered by a liability policy (i.e. automobile), we will bill the insurer on your behalf, however, we will also need your personal insurance information (health, auto, etc.), as we may need to bill one of those insurers in order to ensure that your claims can be considered for payment before filing deadlines pass.

Worker's Compensation

- ⌚ For services that are covered by a Worker's Compensation claim, we will need the name and address of the insurance company, along with the claim number, and the adjuster's name (if available). We will bill the Worker's Compensation carrier directly for services, however, in the event that your claim is denied, we will then bill your health insurer for payment of those services.

Possible Additional Financial Responsibility

- ⌚ If your insurance has limitations on the quantity and/or level of services that they will provide payment for, any services that you choose to receive outside of those limitations will be your responsibility. Payment for those services that exceed the limitations imposed by your health insurance policy will be due *at the time of service*, unless other arrangements are made in advance.

Please remember: You are responsible for knowing and understanding your insurance policy coverages, limitations and exclusions. We recommend that you *contact your insurer* directly at the telephone number listed on your insurance identification card and ask them to review your physical therapy benefits, copayments, deductibles, and coinsurance amounts that you may be responsible for. As a courtesy, we contact them to obtain benefit information, and will share that information with you, however, we still strongly recommend you contact them as well.

Thank You For Choosing Gray Physical Therapy Center PA