



## Physical Therapy Practice Policies

### New Patients

For new patients: If you have one, please bring your valid prescription; plus all of the patient forms listed on our website. If you do not have the forms completed prior to your first visit, please arrive 15 minutes prior to your appointment so that they can be completed prior to being seen by your physical therapist. In Missouri, we have 14 business days to treat you without a prescription. We will submit your evaluation to the primary care provider you identified, for a signature. If you do not have a script, we ask that you place a call to their office to request a script be sent to us at 314-863-6760 (Clayton) or 636-536-1504 (Chesterfield). The prescription should read "Physical Therapy Evaluate and Treat PRN".

A valid credit card is required when scheduling your first appointment. This card number is securely protected in your electronic **medical record (mindbody, not medbridge record)** and will be charged as necessary per our cancellation policy stated below.

### Returning Patients

For returning patients, please bring your new prescription if you were referred or have it faxed to us at 314-863-6760 (Clayton) or 636-536-1504 (Chesterfield). Please also bring an updated Patient Insurance Worksheet (found on our website) if any content has changed.

### Fees/Payment

Payment is due in full at the time of each session. We accept cash, check and credit cards.

### Insurance Reimbursement

20 Minutes to Fitness, LLC 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, chiropractor, podiatrist or dentist as Missouri requires this in order to provide physical therapy treatment. 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 visits.

### **Treatment Sessions**

A session lasts either 25 or 50 min. For your evaluation and each follow up visit, please wear or bring clothes appropriate for exercise and that allow us to treat on and around the affected area (shorts, yoga pants or sweat pants and t-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. The therapist will monitor your progress and adjust treatment frequency and duration according to medical necessity as needed.

### **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 20 Minutes to Fitness, LLC that is maintained electronically via WebPT. 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 requires us to:

- a. Make sure that medical information that identifies you is kept secure.
- b. 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.

### **Tardiness**

We ask that you arrive on time for your appointments and that you are considerate of the next patient's 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 for one hour-long scheduled appointments or a \$50.00 charge for half hour-long scheduled appointments.

By signing below, I certify that I have read the above policies, understand and will comply with them. I agree that 20 Minutes to Fitness 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: \_\_\_\_\_

