



Payment Policy

Physio Pro Inc is committed to providing exceptional care to all our patients. In order to do so, we require full patient participation in regards to treatment and billing. Please carefully read our payment policy below; you are welcome to ask the Front Desk for any clarifications.

1. Proof of insurance: We will require a copy of your photo ID and insurance card(s) prior to your first appointment. In order to minimize any additional financial responsibility to the patient, our office must be notified immediately of any changes in your insurance carrier or status. This includes, but is not limited to: new insurance carrier; new insurance card; the loss of insurance; a new insurance benefit year. This is to ensure that our billing office always has complete and up-to-date information about your insurance.
2. Insurance Network Status: Physio Pro Inc participates in many, but not all, major insurance plans. It is *your* responsibility to know if your insurance is accepted at our clinic. Please know that there are certain employee plans within a network we accept that does not allow treatment at our clinic. It is *your* responsibility to know if that includes your plan. If you do not provide your insurance information at the time of service, you will be required to pay our self-pay rates until your information is received. Many plans have a visit limit for physical therapy; if you exceed this visit limit, you will be responsible for any self-pay charges that are incurred. Please check with the Front Desk for current self-pay rates. As a courtesy, our office will verify your physical therapy benefits; however, we strongly encourage our patients to check benefits with their insurance companies to ensure complete and accurate information. Our office is not responsible for inaccurate or incomplete information given by your insurance company.
3. Authorizations/Referrals: Some insurance plans require authorization and/or a referral from a physician prior to your initial appointment. It is the patient's responsibility to know whether these are required by your insurance. It is also the patient's responsibility to be sure an authorization is in effect before each visit. Failure to have the required authorization or referral may result in the patient being fully financially responsible for any uncovered treatments.
4. Deductibles/Co-insurance and Co-payments: Patients will be responsible for the annual deductible, co-insurance and/or co-payments as defined by their plans. Co-payments and all amounts applied toward the deductible/co-insurance are due at the time of service. Your financial responsibility is dependent on the quality of your plan, *not* the fees of the therapist. **Unattended Minors** are still required to make payment before services are rendered; it is the responsibility of the parent/guardian to establish a payment method prior to the minor's treatment.
5. Non-Covered Services: Please be aware that some, if not all, of the services you receive may not be covered by insurance or not deemed medically necessary. You must pay for these services and sign any paperwork required by your insurance for these services before you receive them.
6. Claims Submissions and Coverage Changes: Your insurance is a contract between you or your employer and your insurance company. Physio Pro is not a party to that contract. As a courtesy, Physio Pro will submit in-network claims to your insurance company. Out of network claims may be submitted on a case-by-case basis, but is not guaranteed. It is your responsibility to comply with your insurance company if they require any information from you before processing claims. If your insurance information changes,

you must supply it to Physio Pro immediately. Failure to provide insurance changes in a timely manner may result in denied claims, which will be billed directly to the patient.

7. Delinquent Accounts and Refunds: You will have 90 days to pay any balance billed to you. If you do not pay your full balance within 90 days, your unpaid balance will be referred to a collection agency. It is your responsibility to pay for any collection costs, including attorney fees. Due to administrative costs involved in processing patient refunds, no refunds will be issued under \$30 unless approved by management.
8. Cancellations and No-Shows: We require at least 24 hours' notice for cancellations. For cancellations under 24 hours, you will be charged a \$35 late cancellation fee. Upon your first no-show, you will be charged \$50, and upon your second no-show, you will be charged \$75. If you have no-showed three or more times, Physio Pro reserves the right to discharge you from our care. These charges must be paid before you will be seen again. **It is your responsibility to keep track of your appointments.** For your convenience, Physio Pro offers text message or email appointment reminders. Please notify the Front Desk if you would like to participate.
9. Late Arrivals: Any patient more than 15 minutes late will be required to reschedule to the next available appointment unless otherwise approved by the treating therapist. Your appointment is reserved for you and it is essential that you are compliant with your appointments and arrive on time in order to receive the best treatment possible.
10. Card on File: It is the practice of Physio Pro, Inc., to keep a valid, current credit card on file for all patients. This card is stored in a secure, HIPAA-compliant manner through our Electronic Medical Records (EMR) software. The card will be charged upon check-in for copays, deductible or coinsurance payments, supply charges; and for late cancellation and no-show fees. The card will **not** be charged if no fees are payable.

Notice of Privacy Practices (HIPAA)

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.**

Your Rights: This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record	You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct your medical record	You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days. We may charge a reasonable, cost-based fee.
Request confidential communications	You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
Ask us to limit what we use or share	You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
Get a list of those with whom we’ve shared information	You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	You can complain if you feel we have violated your rights by contacting us using the information at the bottom of this notice. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/ . We will not retaliate against you for filing a complaint.

Your Choices: For certain health information, you can tell us your choices about what we share. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:	<ul style="list-style-type: none"> • Share information with your family, close friends, or others involved in your care • Share information in a disaster relief situation • Include your information in a hospital directory <p><i>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</i></p>
In these cases, we never share your information unless you give us written permission:	<ul style="list-style-type: none"> • Marketing purposes • Sale of your information • Most sharing of psychotherapy notes
In the case of fundraising:	<ul style="list-style-type: none"> • We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures: We typically use or share your health information in the following ways.

Treat you	We can use your health information and share it with other professionals who are treating you.
Run our organization	We can use and share your health information to run our practice, improve your care, and contact you when necessary.
Bill for your services	We can use and share your health information to bill and get payment from health plans or other entities.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues	<ul style="list-style-type: none"> • We can share health information about you for certain situations such as: • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone’s health or safety
Do research	<ul style="list-style-type: none"> • We can use or share your information for health research.
Comply with the law	<ul style="list-style-type: none"> • We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
Respond to organ and tissue donation requests	<ul style="list-style-type: none"> • We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	<ul style="list-style-type: none"> • We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers’ compensation, law enforcement, and other government requests	<ul style="list-style-type: none"> • We can use or share health information about you: • For workers’ compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> • We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities:

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date of Notice: December 1, 2021

This Notice of Privacy Practices applies to all Physio Pro, Inc., locations in the Rocky Mountain region.

Privacy Officer: Amy Kesic

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