

Policy Agreements

Payment Agreement

Acknowledgement

Thank you for choosing Thrive Physical Therapy as your physical therapy provider. Before we begin services, please sign below indicating you have read, understand and agree to the following payment policies.

- You agree to be financially responsible for all charges regardless of any applicable insurance or benefit payments, third-party interest, or the resolution of any legal action or lawsuits in which you may be involved.
- Payment is expected at time of service.
- You acknowledge that the cost of a single visit is \$170.00.
- **Out-of-Network Policy.** (Commercial Health Plans - Does not apply to Medicare) We are out-of-network with all health plans. If you have out-of-network benefits, we will provide you with a copy of your bill that you can, at your discretion, submit to your health plan for reimbursement for the services your health plan covers. You understand that you may be required to pay a higher copay or coinsurance for out of network services if you have any out of network benefits at all. You are responsible for contacting your insurance company to determine what your benefits are and obtain any necessary physician referrals and/or pre-authorizations for services. We are not responsible if your health plan denies, in whole or in part, your claims for our services.
- **Cancellation Policy.** We require a 24-hour notice to cancel a scheduled session. If you provide less notice, you will be charged a late cancellation/no-show fee of \$50. We reserve the right to waive this policy at our sole discretion.
- **Service Packages.** If you purchase a discount package of services, the package discount is applied to the last visit in the package. You must use your visits within 12 months. If you don't use your visits within that time frame or you request a refund for the unused visits, we will refund the excess amount paid, if any, after applying the package discount to the last visit and our regular cash payment fee to all other visits.
 - **Use of Health Savings Accounts (HSA).** If you purchase a pre-paid package plan through your HSA account we will give you a receipt for the pre-paid services that you can, at your discretion, submit to your HSA plan in accordance with your HSA plan rules. If you request a refund for unused services that you paid for through your HSA, we will make the refund directly to your HSA account. If your HSA requires you to actually receive the services before submitting claims for reimbursement, we will provide you with a receipt for services actually received to date upon request. You are responsible for complying with HSA rules when determining whether the services you purchase from us can be paid from an HSA account.
 - **Use of Health Reimbursement Arrangement (HRA) or Flexible Spending Account (FSA).** An HRA and FSA will only reimburse for actual services received (not pre-paid services). Therefore, if you purchase a discounted pre-paid package plan and want your HRA or FSA to reimburse you, we will provide you with a receipt that you can submit for reimbursement after you have used your entire package. Upon request, we will also provide a receipt for visits used to date that you can, at your discretion and in accordance with your HRA or FSA rules, submit for reimbursement. Please note that HRA and FSA plans have rules about what services qualify for reimbursement. You are responsible for complying with your HRA and/or FSA plan rules when determining whether the services you purchase from qualify for reimbursement.

- **Privacy Rights.** You have a right to privacy under the Health Insurance Portability and Accountability Act (HIPAA) that includes restricting disclosure of your records and claims to your health plan, including Medicare, if you pay privately for your services at the time of service. If you pay for your services at the time of service, we assume you are exercising this right to privacy. We will not disclose your medical records to any third party, including your health insurance carrier or Medicare. If you want your records disclosed to any third party in the future, you will need to obtain and sign our Authorization to Release Protected Health Information form before we will disclose your health information.
- **Appeals Policy.** You understand that you are responsible for filing all appeals of adverse benefit determinations. If you need assistance filing an appeal with your health plan, contact the consumer assistance agency on your denial letter.

I HAVE READ, UNDERSTAND AND AGREE TO THESE PAYMENT TERMS.

- I acknowledge that I have chosen, of my own free will, to obtain the services provided by Thrive Physical Therapy and have agreed to pay out of pocket for my services without any expectation that my health plan will reimburse me. If I am a Medicare beneficiary, I attest that I have chosen not to use my Medicare benefits for the services I am purchasing and am restricting Thrive Physical Therapy and my therapist from submitting any claims to Medicare pursuant to my right to privacy under HIPAA.

Attendance Policy

Policy

At Thrive Physical Therapy, we want you to get the most out of your physical therapy visits. Your physical therapist will recommend a specific number of visits for your personalized program. **Studies have shown that patients who adhere to their physical therapy plan of care increase their ability to have success from physical therapy by 93%.** We strongly stress the importance of keeping all scheduled appointments to achieve your personal therapy goals.

Please read the following policy to better help us to help you.

Cancellation

We require that you cancel any scheduled appointment with **no less than 24 hours' notice**. If you cannot make your appointment, and it is after business hours, please call and leave a message.

Late cancellations made with less than 24 hours' notice, will be charged a \$50 fee. The fee will be collected at your next appointment. If no visit is scheduled, a bill will be sent to you.

No-Show

If you schedule an appointment and do not come to your appointment without notifying us, you will be charged a \$50 No-Show fee. The fee will be collected at your next appointment. If no visit is scheduled, a bill will be sent to you.

Late

If you are less than 15 minutes late and have contacted Thrive Physical Therapy to notify us you will be late, you may complete the remaining time scheduled for your session, knowing that you will not receive a full session.

If you are more than 15 minutes late, Thrive Physical Therapy will consider your appointment a full appointment and you will be charged for the full time you are scheduled.

If you are more than 15 minutes late and want to cancel or reschedule, you are subject to a \$50 fee for late cancellation.

We truly do not want to have to charge you for sessions you do not attend. We want you to get the most out of your treatment plan by keeping all your scheduled appointments. However, we understand life happens and we reserve the right to waive the fees on a case by case basis.

Acknowledgement

I acknowledge that I have read, understand, and agree to all the policies listed above.

Notice of Privacy Policy Policy

Effective Date: 09/01/2022

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

If you have any questions about this notice, please contact our privacy officer:

Chelsea Jerabek

13795 S Mur-Len Rd, Ste 203, Olathe, KS 66062

913-754-0700

1. Summary of Rights and Obligations Concerning Health Information. Thrive Physical Therapy is committed to preserving the privacy and confidentiality of your health information, which is required both by federal and state law. We are required by law to provide you with this notice of our legal duties, your rights, and our privacy practices, with respect to using and disclosing your health information that is created or retained by Thrive Physical Therapy. Each time you visit us, we make a record of your visit. Typically, this record contains your symptoms, examination and test results, our assessment of your condition, a record of your treatment interventions, and a plan for future care or treatment. We have an ethical and legal obligation to protect the privacy of your health information, and we will only use or disclose this information in limited circumstances. In general, we may use and disclose your health information to:

- plan your care and treatment;
- provide treatment by us or others;
- communicate with other providers such as referring physicians;
- receive payment from you, your health plan, or your health insurer;
- make quality assessments and work to improve the care we render and the outcomes we achieve, known as health care operations;
- make you aware of services and treatments that may be of interest to you; and
- comply with state and federal laws that require us to disclose your health information.

We may also use or disclose your health information where you have authorized us to do so.

Although your health record belongs to Thrive Physical Therapy, the information in your record belongs to you. You have the right to:

- ensure the accuracy of your health record;
- request confidential communications between you and your physician and request limits on the use and disclosure of your health information; and
- request an accounting of certain uses and disclosures of health information we have made about you.

We are required to:

- maintain the privacy of your health information;
- provide you with notice, such as this *Notice of Privacy Practices*, as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- abide by the terms of our most current *Notice of Privacy Practices*;
- notify you if we are unable to agree to a requested restriction; and
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all your health information that we maintain.

Should our information practices change, a revised *Notice of Privacy Practices* will be available upon request. If there is a material change, a revised Notice of Privacy Practices will be distributed to the extent required by law. We will not use or disclose your health information without your authorization, except as described in our most current *Notice of Privacy Practices*. In the following pages, we explain our privacy practices and your rights to your health information in more detail.

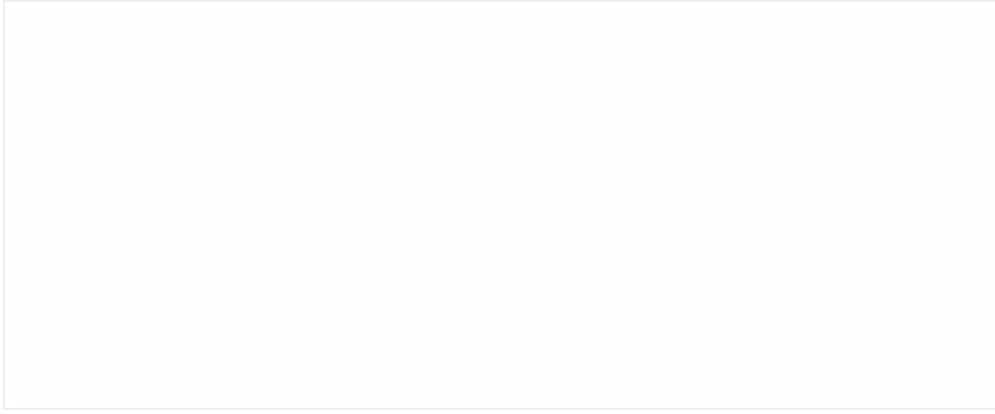
Acknowledgement

I acknowledge that I have been given an opportunity to read the practice's Notice of Privacy Practices.

Signature

By signing, you acknowledge that you have read, understand, and agree to all the policies and agreements listed above in the Payment Agreement, Attendance Policy, and Notice of Privacy Policy sections.

Please use your mouse or finger to draw your signature below



Date:
