MARYLAND PHYSICAL THERAPY AND WELLNESS CENTER, LLC.

7350 VAN DUSEN ROAD, SUITE 420, LAUREL, MD 20707

Welcome to Maryland Physical Therapy and Wellness Center (MDPTWC). We are pleased that you have chosen to seek our services and assure you that your time with us will be very rewarding.

Cancellation/No Show Policy for Appointments

In order to receive maximum benefit from your rehabilitation program, it is of the utmost importance that you attend your therapy appointments and follow home instruction. If you are unable to keep your appointment, kindly **provide ONE business day notice to avoid being assessed a $50 cancellation fee**. Saturday and Sunday do not count as business days. Appointments can be cancelled by calling our office at **301-776-7000** or sending an email at **MDPTWC@gmail.com.** Messages can be left 24-hour a day. This fee exists because physical therapy will not work for patients who are not here and our clinic is very serious about results. In addition, if you miss your appointment, you will be doing a disservice to yourself or to another patient that could have used your timeslot. **You are subject to be discharged from our services after two (2) missed unexcused appointments.**

Please sign below indicating that you are aware of this policy.

Signature of Patient or Guardian _____ Date _____

Financial Policy Statement

As a courtesy to patients, Maryland Physical Therapy and Wellness Center will file claims with the insurance companies. We will file to secondary insurances if we are participating with the carrier. Patients are required to present a valid insurance card at the initial visit. If there are any changes to your insurance, you are responsible to advise us of those changes and present the new card for our records.

Any outstanding balances are due prior to your appointments. **Any coinsurance and copays are due at the time service is rendered.** If you have an unfulfilled insurance deductible obligation, the charges for each of your sessions will be calculated using the treatment units performed that session and your insurance's reimbursement rates for those units. This manner of calculation will cease once your deductible obligation is determined to have been met. Deductible payments are not always updated in the healthcare system in a timely manner. Should we determine you were inadvertently overcharged towards your deductible, we will promptly reimburse the difference to you. The patient agrees to immediately reimburse MPTWC for services provided should the insurance company send a payment directly to the patient. The patient is ultimately responsible for all fees for services. Please direct any questions regarding your insurance benefits directly to your insurance company.

Our office accepts the following payment methods: Cash, personal checks, credit cards.

We will assess a $35.00 charge for returned checks.

Consent for Treatment

I give consent for MDPTWC to provide services that are considered necessary and proper in the treatment of my medical condition. **While your physical therapy may be covered by your insurance, medical supplies may incur additional charges that will not be covered by your insurance.**

Authorization for Disclosure of Medical Records

I authorize MDPTWC to release copies of the physical therapy records and billing statements to my insurance company for the purpose of billing for the services received.

Information Privacy Statement

MDPTWC will use and disclose your personal health information to treat you and to receive payment for the care provided to you. A detailed Notice of Privacy Practices is provided to each patient.

I have read, understood and agreed to the above Cancellation/No Show Policy, Financial Policy for payments of professional fees, Consent for Treatment, Authorization for Disclosure of Medical Records, and the Privacy Statement above.

Patient/Guardian Name _____ Signature _____

Date_____ Patient Initials _____