Go! Physical Therapy Policies

NEW PATIENTS:

For new patients: If you have one, please bring your valid prescription; plus all of the forms listed on our website. If you do not have the forms filled out prior to your first visit, please plan on meeting 15 minutes early so that they can be completed before your scheduled appointment time. In Oregon, we have direct access and can treat you without a prescription. Some insurance companies do still require a prescription and/or preauthorization. It will benefit you to determine if your plan requires them. We will submit your evaluation to the primary care provider you identified for a signature, if required.

A valid credit card number must be provided when scheduling your first appointment, and will be charged $75.00 if you do not cancel within 24 hours of your appointment time. This card number is securely protected in your electronic medical record and is only used if you should miss an appointment in the future without a 24-hour cancellation.

RETURNING PATIENTS:

For returning patients, please bring your new prescription if you were referred and an updated Patient Insurance Worksheet if any content has changed.

FEES & PAYMENT:

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

INSURANCE REIMBURSEMENT:

Go Physical Therapy is an out of network provider for all insurance providers. We will provide an invoice to you at each visit 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 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/PHYSICAL REFERRAL:

Please bring a current (within 30 days) valid prescription from a licensed physician or nurse practitioner, chiropractor or dentist, if required by your insurance company. Additionally, your insurance company may 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.

TREATMENT SESSIONS:

A session typically lasts for 60 minutes. For your evaluation and each follow up visit, please wear or bring clothes that are appropriate for exercise and that allows us to treat at and around the affected area (such as shorts, yoga pants or sweat pants and a t-shirt or tank top).

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CONSENT TO TREAT:

The patient hereby consents to the administration of appropriate evaluation and therapeutic procedures as requested by the physician prescribing care and/or via direct access and subsequent approval of the patients primary care provider. 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 Go Physical Therapy that is maintained electronically. 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 to requires us:

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 initial intake forms fully to ensure that your medical record is complete.

NEWSLETTER & CONTACT:

If you supplied an email address, you will be signed up for our email newsletter. This will include updates, news, classes, deals, presentation and the like. If you do not wish to receive these, please initial here_____.

TARDINESS:

We ask that you arrive on time, or be available at your home, 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.

CANCELLATION/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 $75 charge to your credit card. No shows will also result in a $75 charge. By signing below, I certify that I have read the above policies, understand and will comply with them. I agree that Go Physical Therapy 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:_____

Print name:_____ Date:_____