



Please read and sign the second page.

As a **courtesy** to you, we have contacted your insurance company to inquire about therapy benefits. This information is in no way presented to you as a guarantee of coverage by IVYREHAB NORTHERN PT, LLC, and is provided only as a general assistance to you. The contact made by this office to your insurance company does not guarantee that your insurance company gave our representative accurate information. If you have concerns about your coverage, it is your responsibility to verify your coverage with your insurance company. Your insurance co-pay/co-insurance is expected at each visit unless prior arrangements have been made. For all other billing questions, please contact our billing office at [616-259-5675](tel:616-259-5675).

POLICIES:

Records Retention Policy

NOTICE IS HEREBY GIVEN: As a patient of IVYREHAB NORTHERN PT, LLC you are being provided this information regarding our record retention policy.

1. **Ownership of Records:** All Records IVYREHAB NORTHERN PT, LLC creates for treatment, registration, billing or any other purpose related to a patient of IVYREHAB NORTHERN PT, LLC is the property of IVYREHAB NORTHERN PT, LLC.
2. **Access:** As a patient of IVYREHAB NORTHERN PT, LLC you are entitled to inspect your records or receive copies of your records for a reasonable fee.
3. **Destruction of Records:** Your records will be destroyed seven (7) years after your last treatment. If you need copies of those records for any purpose, you must notify IVYREHAB NORTHERN PT, LLC prior to seven (7) years after your last treatment.
4. **Cost of Copies:** The cost of file copies will be the normal office charge for copy requests of IVYREHAB NORTHERN PT, LLC at the time of the request. We recommend that you ask the cost before requesting copies.
5. **Response Time:** IVYREHAB NORTHERN PT, LLC will make a reasonable attempt to promptly respond to requests for inspection or copies of files, but we reserve the right to respond within three (3) business days.
6. **Confidentiality:** Your records will be destroyed in such a manner as to ensure confidentiality.
7. **No Further Notice:** By signing this document you acknowledge that you understand this policy and that you will not receive any other notices regarding retention of your records. **You should keep a copy of this document with your personal records.**

By signing this document you acknowledge that you have read this notice and understand that IVYREHAB NORTHERN PT, LLC will destroy your records seven (7) years after your last date of treatment.

Notice of Privacy Practices

IVYREHAB NORTHERN PT, LLC has established privacy practices. These privacy practices are outlined and posted in the waiting area. A copy of our privacy practices is provided to you at the time of your initial visit to our office. If you require further clarification regarding these privacy practices, please ask at any time.

Management Policies

IVYREHAB NORTHERN PT, LLC expects its patients to read this Registration and Policy Form and to ask questions regarding how it applies to his/her specific needs. IVYREHAB NORTHERN PT, LLC will work with its patients to attempt to resolve problems and questions regarding charges and payment for services. Please understand that any uncovered services, such as patient deductibles, co-pays or services rejected by insurance, are the patient's responsibility to pay at the time of service or within sixty days of denial by the insurance carrier. IT IS THE RESPONSIBILITY OF THE PATIENT/INSURED TO CONTACT THE INSURANCE CARRIER REGARDING THE COVERAGE THEY HAVE FOR THERAPY SERVICES, NOT THAT OF THIS OFFICE. ALL PATIENTS ARE RESPONSIBLE FOR THEIR OWN ACCOUNTS.

Signing this document confirms your agreement by which Northern Physical Therapy (NPT) has the right to use your testimonial statements which may include your personal testimonial, whole or in part, regarding treatment, services received, product reviews, customer service or any other appropriate comments for use in any medium such as print or electronic for any purpose including, but not limited to, educational, promotional, and marketing activities. You hereby grant NPT the right to use testimonials with your first name, last initial and the city in which you live.

We are committed to keeping your email address confidential. Signing this document confirms that providing NPT with your email that you agree to receive email communication from NPT. We will never share or sell your email with any third party. We will only use your email address solely to provide timely information about NPT.

Returned Check Policy

A check received by IVYREHAB NORTHERN PT, LLC with insufficient funds (NSF) will be subject to \$25 NSF processing fee in addition to the original amount of the check. IVYREHAB NORTHERN PT, LLC will invoice payer (responsible party for check) for the original check value plus the \$25 processing fee, for each NSF check received. Full payment, including the fee, is expected within 15 days. IVYREHAB NORTHERN PT, LLC will not resubmit the original check to bank and personal checks from payer are not accepted after NSF check received. The account or payer may be transferred to a collections agency if valid payment is not received in 30 days of written invoice.

Unpaid Balances

Any unpaid balance outstanding after the patient's insurance company has made payment will be billed to the patient with payment due within sixty days. If these billings are not paid in that time period, IVYREHAB NORTHERN PT, LLC will forward the balance to a collection agency. This will affect your credit rating.

Missed Appointments

IVYREHAB NORTHERN PT, LLC expects all patients to keep appointments. IVYREHAB NORTHERN PT, LLC schedules professional therapists for each appointment, and as a result, we expect that our patients will be present and timely. In the event that it is impossible for a patient to keep an appointment, IVYREHAB NORTHERN PT, LLC requires telephone notice of the cancellation. After three cancelled appointments, IVYREHAB NORTHERN PT, LLC will attempt to contact the patient for an explanation. If contact cannot be made or if no acceptable explanation is given, IVYREHAB NORTHERN PT, LLC will discharge the patient. IVYREHAB NORTHERN PT, LLC reserves the right to charge patients for all missed appointments where the patient fails to provide adequate cancellation notice.

Insurance Authorization
Authorization for Treatment

I hereby authorize physical, speech, and/or occupational therapy treatment for the person named herein. To my knowledge, all information provided to IVYREHAB NORTHERN PT, LLC is truthful and complete.

Insurance Release/Medicare Release

I authorize the release of any medical information necessary to process insurance claims and I request payment of benefits directly to IVYREHAB NORTHERN PT, LLC on my behalf.

Signatures

By signing, I agree that I have read and understand the above stated policies and IVYREHAB NORTHERN PT, LLC has provided me with a copy of their Notice of Privacy Practices.

Patient Signature

Printed Name

Date