

Thank you for choosing **Insight Physical Therapy and Yoga**. I look forward to working with you.

Location Details:

- * The clinic address is 9518 Roosevelt Way NE
- * Parking is available in front of the building, immediately north of the building, or on the street.
- * Susan Grote is an independent physical therapist sharing space with other independent practitioners.

What to Bring:

- * Completed New Patient Forms
- * Your insurance card (I will make a copy)
- * A prescription or referral for PT from your physician (if required by your insurance carrier)
- * Results of X-rays, MRI, or other diagnostic tests
- * Appropriate clothing: shorts, t-shirt or tank top, sports bra

Cancellation Policy:

- * In the event you must cancel an appointment, please give at least 24 hours advanced notice.
- * Late cancellations will be assessed a fee of \$50, missed appointments will be assessed a fee of \$120.

Financial Policy:

- * It is your responsibility to understand your insurance benefits for physical therapy.
- * You are responsible for all deductibles, co-pays, as well as services not covered by your insurance carrier.
- * Billing information and cost of services is available upon request.
- * JL Billing Services will bill your insurance carrier and will contact your insurance following the initial visit to get an estimate of your benefits. This is an estimate rather than a guarantee of payment.

Email Disclosure:

The privacy and security of email cannot be guaranteed. Transmitting patient information over email poses certain risks thus the following should be considered. Emails sent from *Insight Physical Therapy and Yoga* will be limited to scheduling, courtesy appointment reminders, and/or a check in the case of a long absence.

- * Use of email to discuss sensitive medical information can increase the risk of such information being disclosed to other parties and thus should be limited.
- * Email senders can easily misaddress an email, resulting in it being possibly sent to unintended recipients.
- * Emails can be forwarded, intercepted, circulated, stored, or changed without the knowledge or permission of *Insight Physical Therapy and Yoga* or the patient.
- * Email is easier to falsify than handwritten copies. It is difficult to verify the true identity of the sender and to ensure that only the recipient can read the email once sent.
- * Emails are indelible. Even deleted, back-up copies may exist on a computer, cloud, or cyberspace.

Please read the following statements and sign below if you agree to the terms:

1. I authorize the release of any and all medical information that is necessary to process my claims to assist in my health care as well as payment of medical benefits for all claims filed to my insurance company.
2. I understand and agree that regardless of insurance coverage, **I am financially responsible for all services rendered and any balance due.**
3. I have received a copy of the **Notice of Privacy Practices** and understand my rights to privacy and confidentiality regarding access to my medical records.
4. I **consent to care** and grant permission for Susan Grote with Insight Physical Therapy and Yoga to perform an evaluation and therapeutic procedures as may be professionally necessary for my condition.

I have read and agree to the policies outlined above.

Signature: _____ Date: _____