

## Financial Agreement

We are committed to ensuring that all affairs are conducted in accordance with all applicable laws, rules, regulations, policies and procedures as we are also committed to the care and improvement of our patients. We consider you a partner in your own medical care. When you are well informed, when you participate in treatment decisions, and when you communicate openly with your doctor and other healthcare professionals, you help make your care as effective as possible. You have the right to consent to or refuse a treatment as permitted by law, throughout your treatment. You have the right to privacy. We will protect your privacy as much as possible as outlined in our privacy notice. You are responsible for providing information about your health, including past illnesses, hospital stays, and use of medicine. You are responsible for asking questions when you do not understand information or instructions. If you believe you can't follow through with your treatment, you are responsible for telling your doctor. You are responsible for following instructions for your planned course of treatment.

### **FINANCIAL AGREEMENT:**

I, the undersigned patient, assign directly to Physiatry and Rehabilitation Associates, LLC, all benefits, otherwise payable to me for services rendered. I also authorize this office to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions whether manual or electronic. I acknowledge that payment is due at the time of treatment. I accept full financial responsibility for all charges not covered by insurance. Certain tests may be ordered by the doctor(s) of Physiatry and Rehabilitation Associates LLC. I agree to be financially responsible for those services should they be considered "non-covered" or not medically indicated by my insurance company. A Pain Perception Test (PPT) is ordered on all new patients. This is comprised of a series of questions including demographical, medical, and psychological data. If my treatment is involved with a work related injury and PRA is to file Workman's Compensation claims on my behalf, I authorize the doctors and staff to discuss plan of treatment, care and appointment information with claim payers and/or case workers. If at any point during or after my treatment in the clinic I should desire a copy of my medical records, there will be a minimum fee of \$15.00. After the first 25 pages, there will be a fee of \$0.50/page. Payment must be received in advance along with a HIPPS compliant release form and an original signature. Should I desire to have them mailed, I must provide PRA with a self-addressed stamped envelope. The preparation may take up to four weeks. For any form that PRS is asked and agree to fill out, there will be a minimum fee of \$25.00 payable prior to completion of the form. This fee will be billed directly to me and will not be filed with any insurance company or other third party.

\_\_\_\_\_  
PRINTED Patient/Authorized Rep Name

\_\_\_\_\_  
PRIMARY INSURANCE COMPANY

\_\_\_\_\_  
SECONDARY INSURANCE

\_\_\_\_\_  
SIGNATURE OF PATIENT/REP

\_\_\_\_\_  
EMPLOYER

\_\_\_\_\_  
Emergency Contact (Name & Phone #)

TODAY'S DATE: \_\_\_\_\_  
mo / day / yr

### **APPOINTMENT NON-COMPLIANCE AND MEDICATIONS AGREEMENT:**

I understand to be here, on time, for my scheduled appointment. Physiatry and Rehabilitation Associates, LLC provides reminder cards at the end of each appointment, for my future appointments. If I am unable to keep my appointment, I need to give at least 24 hours' notice. If I fail to show for my appointment or am greater than 15 minutes late, without contacting the clinic, I will be charged a \$30.00 appointment non-compliance fee. Payment for this fee will be my responsibility and will not be filed with any third party. This fee must be paid in full before Physiatry and Rehabilitation Associates will allow me to reschedule any type of appointment.

Appointment times are given as estimated times that patients will be seen by the doctor. I understand the length of the office visits are based on the needs of each individual patient in the clinic and that there may be minimal or extended delays.

*\*Please note that the first visit to our office will take 1 to 3 hours. If you do not have this much time, you may want to reschedule your appointment.*

Physiatry and Rehabilitation Associates, LLC requests that patients come unaccompanied to their appointments to the clinic. If I choose to bring someone with me, he/she will be required to remain in the waiting/reception rooms. No one other than patients will be allowed into the clinical areas of the office unless otherwise admitted by an authorized practice representative, head nurse, or the practicing physician during appointment. Case managers will be allowed to discuss their patients' care with the doctors at the end of each visit unless otherwise previously authorized.

Due to the nature of medications used for pain management and the legal regulations imposed on them, prescriptions will not be dispensed or refilled without a clinic visit. This is in an effort to provide high quality patient care and to comply with local, state, and federal laws.

\_\_\_\_\_  
PRINTED Patient/Authorized Rep Name

\_\_\_\_\_  
SIGNATURE OF PATIENT/REP

\_\_\_\_\_  
DATE: