Private Therapy Services, LLC
AskMyPT.com

Office: 843-766-2121 / Fax: 843-766-8644

West Ashley	Mount Pleasant	Aquatic Center
445 Savannah Hwy	1300 Hospital Dr Suite 250	780 West Oak Forest Dr
Charleston, SC 29407	Mount Pleasant, SC 29464	Charleston, SC 29407

First Name_____ MI_____ Last Name_____

Nickname _____ Male / Female

DOB _____/_____/_____

Address_____

City_____State_____Zipcode_____

Primary Phone #_____ Mobile Home Work

Secondary Phone #_____ Mobile Home Work

Email_____Appt Reminder: Y / N

Emergency Contact_____Phone#_____Relationship_____

Referring / Primary Physician_____

Reason for Physical Therapy_____

Primary Insurance_____Policy#_____

Guarantor_____DOB____/____/_____Relationship_____

2nd Insurance_____Policy#_____

Guarantor_____DOB____/____/_____Relationship_____

Combine Authorization:

I authorize physical therapy treatment as prescribed by my physician. I certify that no guarantee or assurance has been made as to the insurance coverage or results that may be obtained. I authorize all insurance benefits to be paid directly to Private Therapy Services. I give my permission for Private Therapy Services to call and leave messages on my home, work or mobile phone and speak to anyone who might answer. I attest a Notice of Information Practices (Medical Records Privacy Policy) has been provided to me, as required by HIPPA regulations. I hereby certify that I read and fully understand the above authorizations. You are responsible for the one-time New Patient Registration Fee which is not covered by your insurance coverage.

Signature _____Date _____

If minor, signed by: Parent / Guardian Name_____

FINANCIAL POLICY

PRIVATE THERAPY SERVICES
PHYSICAL THERAPY & SPORTS MEDICINE CENTER

Thank you for choosing Private Therapy Services for your physical therapy needs. Our primary concern is restoring your health by providing the best in physical therapy care. The financial side is important because this is how we stay open. The following contract is our financial agreement that defines the value of each scheduled appointment, not only when you are treated, but in the event of cancellation, no show or late arrivals. The average appointment bill is $140, but insurance plans will typically give a discounted rate. Private pay is discounted to $90/visit, (if you have a high deductible this may be a better option). PTS participates with most insurance plans both In-Network and Our-of-Network. If you choose to use insurance, then we will contact your insurance company and review your information. However, **you** are responsible for understanding your coverage and confirming this information. You are responsible for all payments, deductibles, co-insurance, and/or co-payments based on how your insurance processes the visits. Insurance companies do not "guarantee" payment even if you have coverage. If for some reason they do not pay, then ***you are responsible.***

Please ensure that we have a copy of your most current insurance card on file and notify us of any changes in any personal information or insurance coverage immediately. Your insurance is expected to pay the claim within 60 days. You should receive or have access to an Explanation of Benefits (EOB) from your insurance company, stating how much the insurance company discounted, paid and how much you owe. Check these to make sure your coverage is what you thought in the beginning. This will avoid any unexpected medical bills.

We require a one-time New Patient Registration Fee of $55 that will add you to our data base and different software applications. This fee is not covered by insurance. To ensure that you get our full attention, we ***do not*** double book your visits. This means *we block out time specifically for you.* Your time is valuable, and we respect that. Our time is valuable as well. If you choose to use your insurance, it will only pay for the billed treatment time. Therefore, if you are late or miss an appointment, you are responsible for payment of that missed time. (Just like a hair appointment, massage visit, personal trainer session or a doctor visit). The missed time is not covered by or billed to insurance and therefore is treated as private pay (>10 minutes late= $20). We process payments through our Auto Pay CARD ON FILE system to avoid you waiting in line, taking away from your treatment or your day. **Your Credit Card on file will be charged for each visit unless you pay by a different method at check in. Other charges include $70.00 for missed appointments and $45 for late cancellations.** We ask that you provide us with a 24-hour notice if unable to keep a schedule appointment to allow us time to schedule someone else in your reserved time. *We have less than a 3% no-show/cancellation rate here at PTS, so we do not anticipate this occurring. But in the rare event that this does occur, we want you to be aware of our policy and what is and is not an insurance covered charge.* Payment is due at the time of your visit. Insurance deductible and co-insurance is collected on an estimated insurance fee schedule. Any balance will be charged to the card on file. Our goal is to avoid balances, invoices and unexpected bills. *Please ask if you have questions.*

Again, thank you for choosing Private Therapy Services for your health care needs as we appreciate the opportunity to serve you.

Patient's Signature_____ **Date:**_____

By my signature, I indicate that I have read this policy and agree to its provisions.

"Successfully connecting Great Clients to Great Therapists."