

RESTOR Physical Therapy @ Shoreline
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Mountain View, Ca 94043
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Patient Information Sheet

This information sheet is given to you as a courtesy of RESTOR Physical Therapy to outline in detail what is expected of you as our patient. We want you to know everything up front so that there will be no questions about what your responsibilities are. Pay close attention to the financial arrangement and what you are required to pay each visit. We have found over the years that paying as you go is the best possible solution for everyone involved. This will save you the hassle of a large bill at the end of your treatment. Keep in mind that even after paying your “*estimated*” amount each visit, there may be a balance due at the end of treatment, but if so, it is usually substantially less than what you would have received if you did not pay on your account as you go.

(RESTOR Physical Therapy verifies your insurance coverage as a courtesy to you, and is not a guarantee of coverage. If the information provided by your insurance company is not accurate or the coverage changes, you will be responsible for payment on all services not paid)

Insurance Coverage:

- Your insurance has stated they will cover your physical therapy services at _____%.
- Your insurance has stated they will cover _____ visits per calendar year.
- You are authorized for _____ visits per prescription at which time you will need another prescription from your physician before you continue with additional therapy.

Patient Financial Responsibility: _____ Out of Network _____ In Network

- Patient will be responsible for a co-insurance amount of _____% per visit, not including any deductible that has not been met or any “uncovered” charges by your insurance company.
- Patient will be responsible for the cost of all supplies distributed by RESTOR.
- RESTOR Physical Therapy will collect \$ _____ for each visit which will be **applied towards your co-insurance percentage**.
- Patient is responsible for a co-payment of \$ _____ for each visit.
- For cash patients, sessions are to be paid in full before each treatment.

Cancellation Policy:

- If you fail to show to your appointment without notice, you will be assessed a \$120.00 fee that will be billed to you by our collection company.
- We require a 24-hour notice for all cancellations. If you fail to do so, you will be assessed a \$120.00 fee that will be bill to you by our collection company.
- We need 24 hours notice so we can fill the spot vacated by your cancellation.

Privacy Policy:

- The government has developed a new privacy policy designed to protect your health information.
- Please read our policy in full in case you need to access this information at any time.
- Please be mindful of other patients and their right to privacy. Physical therapy happens in an open environment and we must respect the privacy rights of others as well as your own.
- We ask that you not inquire about another patient’s condition. We will not be able to disclose this information. If the patient wishes to discuss their condition with you, that would then be up to the patient and would be deemed appropriate.

I have read all of the above information and understand that I am financially responsible for all services rendered and RESTOR Physical Therapy is billing my insurance company as a courtesy to me. In the event that my insurance company is not paying my claims, I will participate in helping RESTOR to get these claims paid.

Patient Signature

Date

RESTOR Representative

Date