



104 Oxford Street
Martin, TN 38237

731.587.3422 (o)
731.587.3424 (f)

Financial Policy Statement

We are pleased to file your insurance claim as a courtesy to you. Please understand **your insurance benefits are a contractual arrangement between you and your insurance carrier.** We are *legally obligated* to collect any and all deductible, co-insurance, or co-payment amounts as set forth by your insurance carrier. The rates for services rendered as well as the portion you are responsible for are both set forth by the insurance carrier and the amount shown below is an *estimate* of your financial obligation. **Payment for your estimated portion is required at the time services are rendered.** If you are unable to pay your portion at the time services are rendered, please discuss other payment options with our office staff. Any remaining account balance will be billed to you at a later date.

The above does not apply for worker’s compensation claims but please be advised if your worker’s compensation claim is denied you may be responsible for the charges for any services rendered.

Please note we are required to file claims under a recognized professional provider (Physical Therapist). Some services will be rendered by a Physical Therapist Assistant but the claim must be filed under the name of your Physical Therapist or the supervising Physical Therapist on that date of service.

I understand and agree that if I fail to make any of the payments for which I am responsible in a timely manner, I will be responsible for all costs of collecting monies owed, including but not limited to: court costs, collection agency fees, and attorney fees.

Estimated Insurance Benefits _____

Estimated Patient Payment: _____

I have read the above information and the implications and intent have been explained to me. I understand my responsibility for payment of my account.

Patient/Guardian/Responsible Party

Date



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Written Consent

I, the undersigned, do hereby **agree and give my consent to The Sideline to evaluate and provide any and all physical therapy interventions** deemed necessary and appropriate to _____.
The Physical Therapists and Assistants will provide specific verbal information as needed during the course of treatment and I understand it is my right and responsibility to ask for such information as needed. I understand there are potential risks and benefits associated with these interventions. I also understand that it is my right to refuse to participate in any treatment, whether routine or experimental. _____ **(Initial)**

Assignment of Benefits/ Release of Information

I hereby assign all medical benefits, to include major medical benefits to which I am entitled, including Medicare, Medicaid, private insurance, and third party payors, to The Sideline. A photocopy of this assignment is considered as valid as the original. I hereby authorize said assignee to release all information necessary, including medical records, to secure payment.

I understand if I receive **Home Health services** on the same date of service physical therapy is rendered here at The Sideline my claim will be denied and I will be responsible for payment of services in full.

_____ **(Initial)**

Patient Contact Release

I agree, in order for The Sideline to service my account or to collect any amounts I may owe, The Sideline may contact me by telephone at any telephone number associated with my account, including wireless telephone numbers, which could result in charges to me. The Sideline may also contact me by sending text messages or emails, using any information provided. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing devices.

_____ **(Initial)**

Patient Acknowledgment Form

I have read or had the right to read and fully understand The Sideline's Notice of Information Practices. I understand that The Sideline may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify the practice. I also understand that The Sideline will consider requests for restriction on a case by case basis, but does not have to agree to requests for restrictions. I hereby consent the use and disclosure of my personal health information for purposes as noted in The Sideline's Notice of Information Practices. I understand that I retain the right to revoke this consent at any time by notifying the practice in writing.

_____ **(Initial)**

VISIT US ONLINE
thesideline247.com



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Appointment Reminders Consent

I understand The Sideline may use appointment reminders in the form of phone calls, text messages, and email messages and I have the right to opt out of such reminders.

_____ (Initial)

Appointments & Closures

Please arrive on time for your appointments. If you will arrive after your scheduled appointment time or need to miss a scheduled appointment, please notify our office as soon as possible. You may call or text our office at (731)587-3422. In the event of inclement weather, closures, cancellations, or other schedule modifications will be posted on our website and/or social media. Patients may also be contacted via the appointment reminder software (phone call, text, or email).

Patient Name

Signature

Date

Witness: _____