



104 Oxford Street
Martin, TN 38237

731.587.3422 (o)
731.587.3424 (f)

Good Faith Estimate Self Pay Physical Therapy

Patient Name

Patient DOB

Primary Service to be provided to patient at this facility is Physical Therapy, billed in 15-minute increments and rounded to the nearest quarter hour.

Physical Therapist/NPI:

- Virginia Lattus NPI-1215936760
- Russ Yates NPI-1285015628
- Brian Smith NPI-1316945488
- Taylor Crouse NPI-1124369316

Self Pay Rates:

- ¼ hour session \$18.75
- ½ hour session \$37.50
- ¾ hour session \$56.25
- 1 hour session \$75.00

Disclaimers:

1. This good faith estimate is provided to inform you that the therapist may recommend additional services or items as part of the course of care that must be scheduled or requested separately and are not reflected in this good faith estimate.
2. This good faith estimate is also provided to inform you of your right to initiate a patient-provider dispute if the actual billed charges are substantially higher than the expected charges included in the good faith estimate. You may find information about initiating a dispute resolution process at www.cms.gov/nosurprises. The initiation of the process will not adversely affect the equality of the health care services you receive.
3. This good faith estimate is not a contract and does not require you to obtain the services or items from any of the providers or facilities identified in it.

Patient/Guardian/Responsible Party Signature

Date

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thesideline247.com



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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)**

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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: _____

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