

Patient Responsibility Form

Insurance

- **The patient is responsible for providing Parkview Medical Clinic and Optimal Sports Physical Therapy with the most correct, active and updated information about their insurance prior to each visit**
- Parkview Medical Clinic and Optimal Sports Physical Therapy will bill to the insurance most recently provided by the patient with the assumption it is current. **If the information given by the patient is inaccurate and denied, the patient will be responsible for the balance of the visit.** Please be aware that with some insurance companies, we do run into timely filing deadlines so providing correct information at the time of service is critical so we can accurately bill the patient's insurance. Timely filing means the patient's insurance plan may not pay the claim after a certain amount of time after the service.
- **Patients are responsible for the payment of co-pays at the time of service.**
- Patients are also responsible for paying any applicable co-insurance, deductibles and all other procedures or treatment not covered by their insurance plan.
- The patient is responsible for knowing what their plan does or does not cover. If the patient has questions about their plan and what services are covered, they should contact their insurance (typically support phone numbers are on the back of your insurance card)
- In the event the patient's health plan determines a service to be "not payable", the patient will be responsible for the complete charge and agree to pay the costs of all services provided
- Parkview Medical Clinic and Optimal Sports Physical Therapy is not responsible for knowing what each individual patient's insurance plan does or does not cover
- Patients have the right to check with their insurance about coverage before any treatment occurs at Parkview Medical Clinic and Optimal Sports Physical Therapy.
- It is important patients to be informed consumers, who understand the specifications of their insurance policy (i.e. vaccine and doctor visit coverage, referral/authorization requirements for specialty care, radiology, laboratory tests, etc.)
- The patient's health insurance policy is a contract between the patient and their Health Insurance Company or employer. It is the patient's responsibility to know if their insurance has specific rules or regulations, such as the need for referrals, pre-certifications, pre-authorizations and limits on outpatient charges regardless of whether or not our physicians participate.
- Parkview Medical Clinic and Optimal Sports Physical Therapy accepts most major insurance plans EXCEPT for UCare
- The patient is responsible for knowing if our doctor is in-network with their insurance plan and if the services are covered under the patient's plan
- If the patient is uninsured, the patient agrees to pay for the medical services rendered to them at the time of service

Address/Demographic Changes

- It is important that we have the patient's correct address/phone information on file.
- The patient is responsible for alerting Parkview Medical Clinic and Optimal Sports Physical Therapy to any address, phone or other demographic changes

Billing

- If the patient owes additional money after their visit, they can expect to receive a statement.
- To help keep healthcare costs down, the patient should attempt to pay their bill upon first receipt. Just as we make every effort to accommodate patients when they are in need of medical care, we expect that patients will make every effort to pay their bill promptly. Payment is due at the time services are provided or upon receipt of a statement from our billing office.

See back side...

Medicare Patients

Medicare patients request payment of authorized Medicare benefits to them or on their behalf for any services furnished them by Parkview Medical Clinic or Optimal Sports Physical Therapy. Medicare patients authorize any holder of medical or other information about them to release to Medicare and its agents any information needed to determine these benefits or benefits for related services.

Medicare may not cover some of the services that the patient's doctor recommends. The patient will be informed ahead of time and given an Advanced Beneficiary Notice (ABN) to read and sign. The ABN will help the patient decide whether they want to receive services, knowing they are responsible for payment. Patients must read the ABN carefully.

Financial Agreement

The patient agrees that in return for the services provided to them by Parkview Medical Clinic and/or Optimal Sports Physical Therapy, they will pay their account at the time service is rendered or upon insurance claim processing. If payment plan consideration is necessary, the patient understands that it is their responsibility to call and make financial arrangements satisfactory to Parkview Medical Clinic and Optimal Sports Physical Therapy for payment. If co-payments, co-insurances and/or deductibles are assigned by the patient's insurance company or health plan, they agree to pay them to Parkview Medical Clinic and Optimal Sports Physical Therapy.

Minors

Patients who are under the age of 18 need parent/guardian consent for their appointment. By signing this agreement, the parent/guardian acknowledges all of the information on this form on behalf of the patient. It is strongly recommended that the parent/guardian accompany the minor to their appointment. Parkview Medical Clinic and Optimal Sports Physical Therapy reserves the right to identify any adult accompanying a minor to their appointment. In the event a parent/guardian is not able to accompany the minor and the minor is coming to the appointment alone, It is recommended that the parent/guardian call us at 952-758-2535 to let us know and to give verbal permission in addition to signing this form. If a procedure/treatment will occur, we need to be able to contact the parent/guardian.

Failure to Pay

- Patients who ignore collection notices/letters and fail to pay their balance risk negative credit ratings and possible dismissal from the practice
- Past due accounts may hinder your ability to have appointments scheduled

Guarantor

Any patient over the age of 18 will be held financially responsible for all charges incurred. If another party is responsible for payment of the patient's account, please advise us who to send statements to. The patient must pay the balance in full and negotiate repayment with anybody not listed with us as a guarantor outside of our office. This policy includes individuals negotiating divorce agreements.

Workers Compensation and Automobile Claims

The patient must provide at the time of service: A claim number, name & address of the carrier, date of injury, employer at the time of injury and name/number of the claim adjuster. Without this information, the patient will be held responsible for all charges and payment will be collected at the time of service. Worker's compensation patients will be required to fill out a separate form with the information necessary to bill the claim.

The patient must make Parkview Medical Clinic and/or Optimal Sports Physical Therapy aware of which visit(s) should be billed to workers compensation or automobile insurance, and which should be billed to their insurance plan.

Printed name of Patient

Signature of Patient or Parent/Guardian

Date