



1180 Cross Street SE
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SUMMARY OF NOTICE OF PRIVACY PRACTICES

This summary is provided to assist you in understanding
Our office's complete NOTICE OF PRIVACY PRACTICES

Our complete Notice of Privacy Practices contains a detailed description of how our office will protect your health information, your rights as a patient and our common practices in dealing with patient health information. Please refer to that Notice for further information.

Use and Disclosure of Health Information: We will use and disclose our health information in order to treat you or to assist other health care providers in treating you. We will also use and disclose your health information in order to obtain payment for our services or to allow insurance companies to process insurance claims for services rendered to you by us or other health care providers. Finally, we may disclose your health information for certain limited operational activities such as quality assessment, licensing, accreditation and training students.

Use and Disclosure Based on Your Authorization: Except as stated in more detail in the Notice of Privacy Practices, we will not use or disclose your health information without your written authorization.

Use and Disclosures Not Requiring Your Authorization: In the following circumstances, we may disclose your health information without your written authorization:

- To family members or close friends who are involved in your health care;
- For certain limited research purposes;
- For purposes of public health and safety;
- To Government agencies for purposes of their audits, investigations, & other oversight activities;
- To Government authorities to prevent child abuse or domestic violence;
- To the FDA to report product defects or incidents;
- To law enforcement authorities to protect public safety or to assist in apprehending criminal offenders;
- When required by court orders, searches warrants, subpoenas, & as otherwise required by law.

Patient Rights: As our patient, you have the following rights:

- To have access to and/or a copy of your health information
- Receive an accounting of certain disclosures we have made of your health information;
- To request restrictions as to how your health information is used or disclosed
- To request that we communicate with you in confidence;
- To request that we amend your health information;
- To receive notices of our privacy practices.

If you have a question, concern, or complaint regarding our privacy practices, please refer to our complete Notice of Privacy Practices for the person or persons whom you may contact.

INTRODUCTION TO OUR FINANCIAL POLICY

Rejuvenation Therapy Pain Clinic strongly believes that all patients deserve the very best care we can provide. Further, we feel that everyone benefits when definitive financial arrangements are agreed upon. Accordingly, we have prepared this information to acquaint you with our financial and insurance policies. Our professional services are rendered to you, rather than your insurance company. Therefore payment for treatment is your responsibility.

INSURANCE

Rejuvenation Therapy Pain Clinic will bill your insurance company. You will be responsible for any deductibles, co-pays, coinsurance, and any services not covered by your plan. We strongly encourage you to check with your insurer on your specific physical therapy benefits. Should your plan have a co-pay for physical therapy, we ask that it be paid at each visit.

OTHER PAYORS

WORKERS COMPENSATION: Rejuvenation Therapy Pain Clinic will bill your workers compensation carrier for your charges. In the event your claims are denied, you will become financially responsible for all treatment charges. In the event that you seek legal representation in the settlement of your claim, then we ask that you follow our policy listed under “Personal Liability/Litigation”.

MVA: Rejuvenation Therapy Pain Clinic will bill your automobile insurance provided you have auto med-pay coverage with your policy. If that benefit is not available, we will submit you claim to your health insurance provider. In the event that you seek legal representation in the settlement of your claim, then we ask that you follow our policy listed under “Personal Liability/Litigation”.

PERSONAL LIABILITY/LITIGATION: If you are working with an attorney for your claim, and are not yet to the point of settlement, our financial policy is as follows:

- If your account balance reaches \$500, as a courtesy we ask for 10% payment monthly, or \$50.
- If the balance of your account reaches \$1000, we will ask that you continue to pay 10% of the balance, or \$100 a month.
- Should your balance reach \$1500, you will be seen on a pay-as-you-go basis.
- If your claim is denied, you are to assume full responsibility for payment.

SELF-PAY: Self-paying patients are required to pay a minimum of \$120 per visit. If these payments do not cover all treatment costs, then you will be billed for the remaining amount per monthly statement. In certain situations, a payment plan can be established to meet your budget by calling our business manager. Monthly payments must be made in order to maintain good credit.

OUR BILLING PROCESS

We will automatically file all insurance claims for our services. Although it may take 30-60 days to receive a bill for your deductible and co-insurance, all co-pays are due at the time of service. The following is intended to help you better understand our billing process:

- Charges for your visit are sent by your therapist to our billing staff
- The billing staff then submits these charges to your insurance company for reimbursement
- Rejuvenation Therapy Pain Clinic generally receives payment within 30-60 days
- Rejuvenation Therapy Pain Clinic will submit a statement to you after your insurance has paid or made a decision on services rendered (usually within 30-60 days)
- For your convenience, we accept cash, check, Master Card, Visa, and Discover
- Payment plans can also be arranged to fit your budget. All plans require payments on a monthly basis.

*** Please feel free to contact us if you would like to receive a record of your charges prior to receiving your bill. We appreciate your understanding and cooperation, and will be happy to answer any questions you may have about our procedures.