HouseCall Head and Neck Policies

**Cancellations**

If you need to cancel your appointment due to an emergency or illness, please provide advance notice of 24 hours or more. **If you do not provide advance notice of cancellation, you will be charged the full amount of the appointment.** We strongly encourage patients to only cancel in the event of an emergency or illness due to the importance of adherence to the plan of care in your recovery.

**Prescription for Treatment**

Texas Law requires a written referral from a licensed medical practitioner (MD, DO, DDS, DMD, DC, DPM) in order to initiate physical therapy treatment. Please obtain a referral prior to your initial evaluation, and have it on hand. **Without a referral, you may still be seen for an initial evaluation, but the physical therapist will not be able to initiate treatment and you will still be charged the full amount.**

**Payment Agreement**

Thank you for choosing HCHN for your physical therapy needs. We are honored that we get to be a part of your recovery process. In choosing HCHN for your treatments, you agree to the following:

1. You are financially responsible for all charges, despite any applicable insurance or third-party payments, benefit payments, or outcomes of any legal actions or lawsuits in which you may be currently involved.
2. HCHN will not bill your insurance company. We are a fee-per-service organization, and are out-of-network with all private health plans, as well as Medicare and Medicaid. Therefore, payment is due at the time of service.
3. We will, upon request, provide you with diagnosis and treatment codes that you may submit to your insurance company in order to obtain reimbursement. This only applies to private health insurance companies.
4. Cash, personal check, and credit card payments are all accepted.

**Medicare Agreement**

If you are a Medicare beneficiary, you understand that our licensed physical therapist is not enrolled as a Medicare provider. Medicare has onerous technical and administrative requirements that must be met for services to be considered medically necessary covered benefits. We believe those requirements take unnecessary time away from the services we provide. Since the documentation and administrative processing of our services are not designed to meet Medicare’s covered benefit requirements and we are not Medicare enrolled providers, our services will not be covered (paid) in full or in part, by Medicare (including Medicare Advantage Plans) even if the same services might be considered covered benefits when provided by a Medicare enrolled provider. We will not submit claims to Medicare on your behalf or provide you with a statement or billing codes that you can submit to Medicare yourself. **If you want Medicare to pay for any services that might be considered covered benefits, you should seek those services from a Medicare enrolled provider.** By choosing to receive our services after being fully informed of these facts, you are agreeing, of your own free will, that you do not want Medicare involved in payment for your physical therapy services at HCHN. You agree to pay privately for the services you receive from us even if those services might be covered by Medicare if provided by a Medicare enrolled provider. You also understand that since we are not enrolled Medicare providers and our documentation and administrative processes do not meet the technical requirements for Medicare to cover the services provided, our services are not subject to Medicare’s maximum allowable charge. You agree that you, your caregivers, family members, authorized representatives or power of attorney will not, under any circumstance, submit our claims, invoices, receipts, statements, or treatment notes to Medicare, a Medicare Advantage Plan, or to any primary-payer private insurance for reimbursement or to obtain a denial for a Medicare supplemental insurance plan.

**HIPAA and Patient Privacy Rights**

You have a right to privacy under the Health Insurance Portability and Accountability Act (HIPAA) that includes restricting disclosure of your records and claims to your health plan, including Medicare, if you pay privately for your services at the time of service. By paying for your services at the time of service, we assume you are exercising this right to privacy and we will not disclose your medical records to any third party, including your health insurance carrier or Medicare. If you want your records disclosed to any third party in the future, you will need to obtain and sign a Disclosure to Release Protected Health Information form before we will disclose your health information.

**I have read and understand these policies, and agree to the above written statements and payment terms.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Patient or Guardian Signature Date**