# Therapeutic Dynamics

## Consent for Treatment

I, the undersigned, a patient at Therapeutic Dynamics, Inc., do hereby authorize Jon M. Preston, P.T., and whoever he may designate as his assistant to administer treatment as is necessary. I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that as a courtesy Therapeutic Dynamics, Inc. will prepare insurance forms and bill my insurance company directly. I hereby request assignment of payment of all insurance benefits to Therapeutic Dynamics, Inc. I am ultimately responsible for payment of all services rendered, unless otherwise provided by law.

## Deductibles/Percentage pays and/or Co-Payments

Deductible, percentages and co-payments are to be paid at time of service, unless prior arrangements have been made with the Office Manager. Patients are to keep payments current. Patient can either pay by cash, check, or credit card (Visa/MC/AMEX/Discover). Therapeutic Dynamics will cordially file health insurance, understanding that the patient is ultimately responsible for any bills that insurance company might not pay. **Patient's responsibility: Deductible$_____; co-ins_____; Co-pay $_____**

**Note:**_____

## Medicare Assignment of Benefits

I request that payment of authorized Medicare Benefits be made on my behalf to Therapeutic Dynamics Inc. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to process my claim for benefits. I understand that I will be responsible for $155.00 deductible and the 20% co-insurance portion not paid by Medicare. If I have supplemental insurance coverage, Therapeutic Dynamics will cordially file my supplemental insurance understanding that I am ultimately responsible for any bills that my insurance does not pay. Medicare ID # _____

## Private Pay Accounts

For private pay accounts, patient is responsible for the complete bill. Patient can either pay by cash, check, or credit card (Visa/MasterCard/AMEX/Discover). Fees are payable at each visit.

## Auto Accidents

For auto accidents, I understand Therapeutic Dynamics will file a claim for medical benefits with the auto carrier insuring the vehicle in which I was injured, provided medical benefits are available. In the event there are no medical benefits available or if they are exhausted, Therapeutic Dynamics will file a claim with my private/group health insurance carrier (if contracted). I understand if I do not wish to file a claim with my auto, Therapeutic Dynamics will accept cash, check, or credit card (Visa/MasterCard) for payment at each visit. I understand Therapeutic Dynamics can not file a claim with the "other driver's insurance" no matter who was at fault in the accident. They will only deal with me at the end of all of my treatment.

## Aetna Patients

As a courtesy, Therapeutic Dynamics will verify benefits for all their patients before their initial appointment. However, we cannot guarantee the accuracy of benefits quoted by Aetna. This pertains to co-pays and deductibles. If there is a discrepancy, between the quoted benefits and actual benefits, you are responsible for the difference. On your first appointment you might be responsible for an additional charge. Aetna coordinates benefits differently when there is an evaluation performed. Therapeutic Dynamics can not determine whether your plan will pay for this charge, as each Aetna plan is different.

## Cancellation/No-Show Policy

I understand that cancellations should be made within 24 hours prior of their scheduled time, unless extenuating circumstances prevent otherwise. A $25.00 fee may be enforced for no shows or late cancellations. **By signing below you are agreeing to all the above terms and conditions.**

Patient or Legal Guardian's Signature_____ Date_____

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