

Berman

PHYSICAL THERAPY

DR. JAKE BERMAN, PT, DPT

Office Policies & Procedures

Welcome and thank you for choosing Berman Physical Therapy for your Physical Therapy needs.

Florida currently allows direct access to outpatient physical therapy services for up to 21 consecutive days. If your treatment should exceed 21 days, Florida Law and the State of Florida Physical Therapy Board require patients to have a written referral from a licensed medical professional (MD, DO, DDS, ARNP, PA, DPM, DC). It is, and will be, your responsibility to obtain a referral should your treatment exceed 21 days.

As a courtesy to our therapists and other patients trying to schedule, **we require a 24-hour (or greater) notice for cancellations.** This allows others on waiting lists to be seen. Only emergencies or illnesses are excusable at the discretion of BPT. **A \$75 fee will be billed upon violation of this policy.**

Payment/Billing Policies

Berman Physical Therapy is a fee-for-service clinic. This means payment is due at the time services are rendered and we will NOT bill your insurance company. We can, upon request, provide receipts with diagnosis and coinciding treatment codes which you may choose to submit, at your will, to your insurance company. If further reports or documentation are requested, these will be provided for an extra fee. We accept cash, personal checks, and credit cards.

Medicare will NOT pay for services rendered at Berman Physical Therapy. Medicare only pays for services when Medicare rules are met. Medicare will NOT pay for our services because we are not a Participating Provider with Medicare or any other insurance company, and we only agree to work with Medicare clients for fitness, prevention, and wellness goals (which are not covered services under Medicare). You will not be able to submit for reimbursement as our services do NOT meet the rules set by Medicare regulations. Therefore, any receipts you may request will not include diagnosis codes and other information that Medicare claims usually possess. Signing below means that you have received and understand this notice. You may receive a copy upon request at any time.

Given you will pay at the time services are rendered, if your insurance company reimburses our clinic, these monies will be returned to your insurance company and a new check must be cut to you personally.

We are available for after hours, weekends, and home visits at additional costs. Supplies and additional items are also at additional costs. Please clarify prior to your first visit if you have any questions regarding charges or fees.

PRIVACY POLICY

I understand that Berman Physical Therapy, LLC will maintain my privacy to the highest standards and 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.

Berman

PHYSICAL THERAPY

DR. JAKE BERMAN, PT, DPT

CONSENT TO TREATMENT

Berman Physical Therapy is a hands-on Physical Therapy clinic. Though highly specialized, treatment consists primarily of manual therapy techniques and various treatment forms that are published or otherwise publicly known. The modalities used for each individual patient may include, but are not limited to, forms of manual traction, deep tissue massage, therapeutic exercise programs, gait training, neuromuscular re-education, myofascial release, bone and soft tissue manipulation.. Some of the hands-on treatment techniques require deep pressure which may cause bruising and periods of increased soreness which may last from 1-72 hours. Symptoms may also change and move to other parts of the body. This is not unusual and is rarely a concern, however, please ask if you have any concerns or questions. The number of treatments needed and recovery time can vary due to various contributing factors such as the age of injury, number of times injured, age of patient and others.

I have read and fully understand the above statements. I understand the nature of the treatments at Berman Physical Therapy, LLC. I authorize Jake Berman PT, DPT and the fully trained staff to use treatment techniques as deemed necessary for my safe and effective recovery.

I have read and completely understand the above written statements.

X _____ Date _____

Signature of patient/legal guardian

I also understand that Medicare will not reimburse for services rendered by Berman Physical Therapy, LLC.

X _____ Date _____

Signature of patient