

Cancellation and No Show Policy -

This policy is in place in order to ensure patients who need care do not have to wait to get on our schedule in favor of a patient that does not show up. Canceling last minute or not arriving at your appointment is unfair to other patients in need, our business, and yourself. All cancellations need to be made 24 hours prior to your appointment. If you do not show up for your appointment or cancel within 24 hours, you will be responsible to pay a \$50 cancellation fee. In order to schedule the next session, you will need to pay in advance for the next session at the time of booking. If you cancel or no show a second time, we will retain the entire amount paid for that session.

Consent to Treatment -

I hereby consent to the evaluation and treatment of my condition by a licensed physical therapist employed by The Motive, LLC. The physical therapist will explain the nature and purposes of these procedures, evaluation, and course of treatment. The physical therapist will inform me of expected benefits and complications, and any discomforts, and risk that may arise, as well as alternatives to the proposed treatment and the risk and consequences of no treatment.

Informed Consent -

I understand that The Motive 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 only.

Photographs taken during initial evaluation and discharge summary will be used for postural comparison purposes and as educational tools. By signing below, I consent to the use of these photographs in a professional manner.

I understand that I retain the right to revoke this consent by notifying the practice in writing on this form or at any time.

Payment Policy -

Payment, in the form of cash, check or credit card, is due at the time of each visit. Even though we may submit insurance claims for you (Medicare and HMO plans), your insurance coverage is a contract between you and your insurer and you are still responsible for payments and services regardless of the amount your insurance pays. This includes deductibles and copays. Medicare guidelines will be followed when applicable. Medicare patients are responsible for payment if services overlap with home healthcare.

The payments you make may be reimbursable by your insurance company under your out-of-network benefits; the exact percentage depends upon your plan. Due to the complex nature of claims and reimbursement, The Motive makes no promises as to whether you will receive reimbursement. Cash pay patients will receive an itemized receipt to help obtain payment from their insurance company.

I hereby authorize the office of The Motive to release any information necessary to process any insurance claim for services rendered. I hereby authorize payment from my insurance company or governmental payor to pay directly to The Motive for services rendered. Regardless of my insurance benefits, if any, I understand that I am financially responsible for the fees for services rendered.

I, _____ have read, understand and agree to the above policies:

Signature _____ Date _____