

Jason Marvin PT

Manual Physical Therapist

Letter to Patients

Thank you for your interest in being treated by a manual therapist. First and foremost I believe that each of us is responsible for our own health care. If you are looking for care on demand, this type of therapy is probably not what you require. In addition to providing you with manual manipulative care, I see the role of my treatment to provide you with information that will allow you to make more informed decisions concerning your health and enable you to become more self-reliant.

This does not mean you will never need to seek health care. Instead it means that hopefully you will learn how to make decisions on your own which will allow you to live more comfortably with any musculoskeletal problems which you may have. While there are many times when you may need to receive manual manipulative care, there are many things that you can do for yourself. It is this type of information that that I will attempt to provide to you. This will vary from person to person but will probably include prescribed exercises, the use of ice, better body mechanics, and any limiting or increasing activities. It is expected that these exercises will be followed and the results be reported upon return visit.

My hope is that my help to patients would be in the line of preventive maintenance and education so that the patient's life can be fuller and healthier with fewer day to day medical and musculoskeletal problems.

Below you will find a Policies and Informed Consent Agreement. Please read it carefully then print it out and sign it if you agree to these terms and conditions.

Policies and Informed Consent Agreement

APPOINTMENTS

Unless otherwise arranged, I generally schedule 50-minute appointments to begin on the hour. Your appointment time represents the time you should be in the exam room ready for treatment. Please come a few minutes early to help me stay on time. It is my intention to respect your time and daily schedule. Therefore, I will be adhering to treating you at your appointment time as well as the patient that follows you. That means, if you are late, you will receive treatment in the time allotted. If you have any business items to discuss with me (scheduling, payment, etc.), please let me know at the beginning of your session so we have ample time to discuss your concerns. After our first session, if you choose to continue treatment, we will generally schedule an agreed upon weekly appointment. If your needs are different, I will make an effort to accommodate them. If you have scheduled reoccurring appointments, they will be in

effect until: 1) you notify me of a schedule change, 2) I notify you of a schedule change, or 3) we terminate therapy. If you have any questions, please feel free to contact me.

WHAT TO WEAR / BRING TO APPOINTMENTS

Please wear or bring appropriate clothing to appointments. Ideally, comfortable shorts, tank tops/jogging bra or clothing with minimal coverage that fits your comfort level. Please do not wear clothing made of silk or Lycra materials as they impede treatment. If you are a runner, please bring your running shoes for me to evaluate.

CANCELLING AND RESCHEDULING

Due to the nature of my schedule and of therapy; it is important that you keep your appointments. **Patients who miss their first appointment without canceling or 2 follow-up appointments without giving notice or cancellation will not be given future appointments.** If you should need to adjust your schedule, please call me as soon as you become aware of the need. Cancellations must be made **24-HOURS IN ADVANCE of the day preceding your appointment. All appointment CANCELLATIONS must be MADE BY PHONE not e-mail.** *You will be charged the full fee for sessions cancelled with less than a 24-hour notice or “no-shows,” unless there is a serious emergency. Work is not an emergency. These payments will be due at the time of the next appointment.*

[_____]

Initial here

FEES, PAYMENT, and BILLING

Payment for services is an important part of any professional relationship. This is even more true in therapy; one treatment goal is to make relationships and the duties and obligations they involve clear. You are responsible for seeing that all fees are paid for. I will give you advance notice should I need to make yearly fee increases in accordance with my costs and local professional standards. My current fees are as follows.

FEES

Regular physical therapy services: For a Clinical hour (50-minute session), my fee is \$180.00. New patients have an option of one or two hour appointments with the understanding that there is minimal treatment with the one hour appointment. **Payment is due at the time of your session.** So that our time will be used best, please write your check before each session begins.

Court-related services: In order to protect the therapeutic relationship, it is important to keep therapy separate from court-related business. I will not take on a patient if I suspect I will have to make depositions or testify in court. I realize; however, that occasionally this may be unforeseeable. Any court-related service, within the scope of my license will be charged \$250 per hour *including* travel time (if applicable) to and from *and* any time I am kept waiting. *There will be a minimum daily fee of \$800.* Court-related services are

subject to my cancellation policy and minimum fees listed above. Due to the nature of these services; it is necessary to charge a higher rate to avoid significant financial losses, and the necessity of disrupting the schedules of my other patients for that day.

PAYMENT

Payment is due at the time of your appointment. If you are paying by check, **please make it out before your session.** Receipts will only be given upon request. You may make payments by check or cash. I do not take ATM or credit cards. If you are paying by check, please make them payable to “Jason Marvin”. There will be an **additional \$25 charge for returned checks.**

I do not give refunds to unsatisfied patients; however, it is important to me that you are comfortable with the therapist you choose to work with. If you are unsatisfied with my style of therapy or your treatment, I encourage you to discuss these matters with me. I will refer you to another therapist at your request or if I believe I cannot help you.

BILLING

I do not accept any medical plans or medical insurance including Workers' Compensation claims. I do not write letters, make reports, or fill out forms. **This is not negotiable.** I make no exceptions. I suggest that you do not anticipate being reimbursed by your insurance company. If you do get any reimbursement you will have a pleasant surprise. ***I will not bill insurance companies,*** nor do I accept the negotiated MCOs (Managed Care Organizations). *You will be responsible for the full fee at the time of your appointment.* You may, however, request a receipt so that you can bill your insurance company. I do not make any guarantees in regards to your reimbursement. If you choose to bill your insurance, I suggest that you call them to verify authorization and reimbursement before you continue with therapy. There are no exceptions for this policy. If you would like to see a therapist that does accept and bill insurance, I would be happy to refer you to a few.

It is unnecessary to send regular bills because payment is due at each session. I may; however, send you a bill if your account is delinquent. **Your account will accrue interest of 10% on any balances past due 30 days.**

If you continue to maintain a delinquent account, I may cancel your regular appointments until your account is settled. If this continues, I may need to terminate treatment. I will first give you notice. If I do not believe you plan to settle your account and you make no arrangements with me to do so, I regretfully may refer your account to a collection agency. This may be as a last resort and might damage your credit. Please note that it will be necessary to release pertinent information to the collection agency. I am not legally or ethically required to have a signed release for this purpose.

[_____]

Initial here

TELEPHONE CALLS AND EMERGENCIES

I cannot be available to return calls at all times. Generally, I will only check my messages during work hours, and because I am usually in-session, I frequently must wait to return my messages. This is often toward the end of the day, depending on my schedule. It is always helpful if you indicate the best time for me to call you back. If I don't return your phone call within 48 hours, please call me back.

[_____]
Initial here

If you agree to these terms and conditions:

- 1) Please PRINT THIS DOCUMENT
- 2) INITIAL AND SIGN IT WHERE INDICATED,
- 3) RETURN TO THE "GETTING STARTED PAGE,"
- 4) PRINT & FILL-OUT THE "NEW PATIENT INFORMATION & MEDICAL HISTORY.PDF".
- 5) SIGN IT WHERE INDICATED, and
- 6) BRING YOUR INITIALED & SIGNED "POLICIES AND INFORMED CONSENT AGREEMENT", SIGNED & COMPLETED "NEW PATIENT INFORMATION & MEDICAL HISTORY FORM" ALONG WITH YOUR DOCTOR REFERRAL/Dx TO YOUR FIRST APPOINTMENT.

My signature below and initials above, show that I have read, understand, and agree to treatment by Jason Marvin PT. I agree that I am responsible for the full fee as described above, regardless of my possible reimbursement by a third party. I agree to all of the above terms, unless amended by mutual agreement.

X _____
Client/Guardian Signature

X _____
Date

X _____
Client/Guardian Signature

X _____
Date

I, the therapist, have discussed the issues above with the client(s). My observation of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

X _____
Jason Marvin PT

X _____
Date