

# LUX Concierge Physical Therapy

## PRACTICE POLICIES

**APPOINTMENTS AND CANCELLATIONS** Please remember to cancel or reschedule 24 hours in advance. You will be responsible for the entire fee of \$25 if cancellation is less than 24 hours.

The standard meeting time for a Physical Therapy session is 60 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 60 minute session needs to be discussed with the health care provider in order for time to be scheduled in advance.

A \$25 service charge will be charged for any checks returned for any reason for special handling.

Cancellations and re-scheduled session will be subject to a full charge if **NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE**. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time.

## TELEPHONE ACCESSIBILITY

If you need to contact me between sessions, please leave a message on my voicemail. I am often not immediately available; however, I will attempt to return your call within 24 hours. Please note that Face- to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions are available. If a true emergency situation arises, please call 911 or any local emergency room.

**ELECTRONIC COMMUNICATION** I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to request assistance for emergencies.

## MINORS

If you are a minor, your parents may be legally entitled to some information about your treatment. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

**TERMINATION** Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the treatment is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If treatment is terminated for any reason or you request another provider, I will provide you with a list of qualified Physical Therapists to treat you. You may also choose someone on your own or from another referral source.

## DISCLOSURE OF FEES

97161 Low Complexity Exam \$140.00

97162 Moderate Complexity Exam \$155.00

97163 Complex Exam \$170.00

97164 Re-Evaluation \$105.00

97535 Self-Care/Home Management \$70.00

97530 Therapeutic Activity \$55.00

97116 Gait Training \$40.00

97140 Manual Therapy \$40.00

97112 Neuromuscular Re-education \$65.00

97110 Therapeutic Exercise \$40.00

97014 Electric Stim (Unattended) \$20.00

97032 Electrical Stim (Manual) \$35.00

All of the above fees are below "usual & customary" standards for Chicago.

I have read the above codes and fees and understand the cost of my care at this clinic. I understand that I am responsible for payment of all deductibles, co-payments and amounts not paid by the insurance company related to my care. I understand that if I have a balance for medical services not paid, I will make a minimum payment of \$50.00 each month or 25% of the outstanding balance, whichever is greater, unless other payment arrangements have been made. If my balance is not paid in a timely and monthly fashion, I acknowledge that I will be required to also pay all collections fees (25% additional cost above my balance), all court fees and all attorney fees in the collection of my account. I further understand that if my treatment is associated with a personal injury or accident claim, all medical bills will be paid at 100% of the above fee schedule regardless of the outcome of my case. I understand that LUX Concierge Physical Therapy, PLLC reserves the right to charge for missed appointments and cancellations without 24 hours' notice. I understand that if a check or debit is returned for insufficient funds, I will be charged a \$25.00 service charge. Furthermore, I understand and authorize credit card transactions to balance my account. [No credit card charges will be rendered without a diligent effort to make contact and establish payment arrangements.]