



Stacy Barrows, PT, DPT, GCFP

Susan L. Bass, PT

## **Welcome to Century City Physical Therapy, Inc.!**

**WE ARE A MEDICARE PROVIDER:** As described in your Medicare handbook, Medicare will allow \$1,940.00 per year for physical therapy in a private office. This means Medicare will cover approximately 14 sessions in our office this year. **PLEASE LET US KNOW IF YOU HAVE ALREADY RECEIVED PHYSICAL THERAPY TREATMENT THIS YEAR AS IT MAY AFFECT THE NUMBER OF SESSIONS MEDICARE WILL COVER IN OUR OFFICE.**

Your secondary insurance will be billed for your 20% co-insurance as determined by Medicare. If you do not have secondary coverage, you may pay your co-insurance at the time of service or we will bill you after Medicare pays. Please remember that you are also responsible for your \$147.00 Medicare deductible each year and you may receive a bill from our office if your deductible has not been satisfied.

### **CANCELLATION POLICY:**

When you schedule an appointment with a therapist, time is reserved especially for you. We would greatly appreciate 24 hours notice if you are not able to keep an appointment. Appointments canceled for non-emergency reasons with less than 24 hours notice may be subject to a \$50.00 cancellation fee.

### **AUTHORIZATION:**

I hereby authorize Century City Physical Therapy, Inc. to provide physical therapy services to me/my legal ward. I understand that I am financially responsible for any deductible, co-payment, or non-covered services according to Medicare guidelines.

I hereby authorize Century City Physical Therapy, Inc. to furnish my insurance carrier(s) any and all requested information concerning my health care. I also authorize my insurance carrier(s) to pay Century City Physical Therapy, Inc. directly for services rendered.

**Thank You for choosing Century City Physical Therapy, Inc.!**

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Patient or legal guardian)