

Moving Mountains Wellness and Therapy

MEDICAL INSURANCE & FINANCIAL POLICIES

PRIVATE INSURANCE, MEDICARE, AND PRIVATE PAY

PATIENT RESPONSIBILITY

I understand that my insurance benefits have been reviewed and reported based on the information provided through the insurance online portal. This portal does not provide detailed coverage information. I understand that it is my responsibility to contact my insurance company to verify detailed coverage requirements and limitations. I understand that my insurance may not cover all charges and that I am responsible for those charges not covered by my health insurance or third-party payer. Medicare must consider treatment rendered medically necessary under the Omnibus Reconciliation Act of 1986, P.T.99-509, a.k.a “OBRA”.

NO SHOW & CANCELLATION POLICY

My participation and compliance with the recommended therapy frequency and duration is necessary for the plan of care to be effective. Because MMWT clinic offers one-on-one services (does not overbook), I understand it is important to notify the clinic if I am not able to keep my appointment. **A \$35 fee will be charged to my credit/debit card if I do not provide a minimum of 12 hours advance notice of cancellation.** I agree to maintain an active credit/debit card on file for such payments. Cancel fees are not billable to insurance. If I fail to cancel in advance and fail to show up for two consecutive appointments any remaining scheduled appointments will be removed from the schedule.

I hereby give consent to MMWT the therapists and treatment staff to provide evaluation and treatment services appropriate for my condition(s). I understand that by signing this consent, I am giving my consent to MMWT to use and disclose my protected health information to carry out treatment, payment activities and health care options. The above information is correct to the best of my knowledge. I request payment for said treatment be sent directly to MMWT at 43875 Washington St, Suite G, Palm Desert, CA 92211. I have read the following policies, which are clearly posted: “NOTICE OF PRIVACY PRACTICES” “PATIENT RIGHTS” and “MEDICAL INSURANCE & FINANCIAL POLICIES.”

LIEN AND THIRD-PARTY PAYER

PATIENT RESPONSIBILITY

I understand that my insurance benefits may not cover all charges and that I am responsible for those charges not covered by my health insurance or third-party payer. I understand I am financially responsible to Moving Mountains Wellness and Therapy (MMWT) for charges not covered by this case (Medicare must consider treatment rendered medically necessary under the Omnibus Reconciliation Act of 1986, P.T.99-509, a.k.a “OBRA”).

NO SHOW & CANCELLATION POLICY

If you “NO SHOW” two appointments, you will be taken off our schedule. If you “CANCEL” three or more consecutive appointments, you will be taken off our schedule and will be required to return to your doctor before continuing physical/occupational therapy and/or Chiropractic care. Exceptions will be made for emergencies and illness. A \$275 charge will be applied to no show appointments and cancellations without 12 hours’ notice.

I hereby give consent to MMWT, the therapists and treatment staff to provide evaluation and treatment services appropriate for my condition(s). I understand that by signing this consent, I am giving my consent to MMWT to use and disclose my protected health information to carry out treatment, payment activities and health care options. The above information is correct to the best of my knowledge. I request payment for said treatment be sent directly to MMWT at 43875 Washington St, Suite G, Palm Desert, CA 92211. I have read the following policies, which are clearly posted: “NOTICE OF PRIVACY PRACTICES” “PATIENT RIGHTS” and “MEDICAL INSURANCE & FINANCIAL POLICIES.”