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CLINIC POLICIES

Name: _____ Date: _____

Welcome to **EVOLVE PHYSICAL THERAPY + ADVANCED WELLNESS**. We look forward to serving all of your physical therapy + wellness needs. As a new patient with our office, we would like you to be familiar with our office policies concerning your scheduling and account while you are with us. Please feel free to ask any questions regarding the following.

1. Your insurance cannot be billed without a current prescription from your doctor.
2. You will meet your therapist at your first appointment. Please be ready to begin your appointment at your scheduled time. To be fair to all patients, we will not run over the allotted time period.
3. We require a 24-hour notice to change or cancel a scheduled appointment. If you fail to show or cancel your appointment without a 24-hour notice you will be charged \$60.00. Payment is due before your next appointment. These charges are the patient's responsibility and cannot be billed to your insurance company or work comp carrier.
4. Our office is happy to courtesy bill your insurance. We will also courtesy call your insurance to verify your PT benefits. As your insurance will make no guarantee of payment until the claim is received and processed, you will be financially responsible for all services unpaid by your insurance after 60 days. Your insurance company may require authorization or pre-certification for certain procedures and services. As a courtesy, we will contact your insurance company on your behalf. It always remains your responsibility to understand what your insurance policy covers and confirm directly that you have authorization and coverage for the services you receive. We may request your direct involvement in following up on authorization requests and delayed payments if your insurance becomes unresponsive to our inquiries. Direct intervention on the part of the patient often results in a more timely approval of services, prevents delays in treatment and expedites payment for your services.
5. "Cash Pay" services cannot be billed to insurance. We, the provider and you, the patient, cannot submit these services to your insurance company. We will collect for "Cash Pay" services after each appointment or session. Discounted Package services must be purchased in advanced. Our "Cash Pay" services include:
 - Acupuncture and Bodywork
 - All therapy supplies and products including: therabands, foam rollers, orthotics, etc.
 - Gym Services
 - Wellness Appointments
 - Classes: F3, Fit 2 Live, Yoga
 - Golf Fit Program
6. The patient's personal portion will be due after every visit and is collected at the front desk. **Please be advised we are estimating your personal portion.** This is based on the information received when benefits were quoted by your insurance. Final balances will be determined once your insurance finishes processing. At that time, outstanding balances will be collected or overpayments will be refunded.
7. We do not accept liens or third party payors.
8. In the event any action is taken to enforce collection of this account, the presiding party will be entitled to recovery of all legal fees incurred.

The undersigned certifies that he/she has been informed and has read the foregoing and is the patient, or is duly authorized by the patient's general agent to execute the above and accept its terms.

Signature _____ Date _____

Witness _____ Date _____



This original will be kept in your chart. A copy of this form is available upon request.