



PELTZ AND ASSOCIATES  
PHYSICAL THERAPY INC.

## PRACTICE POLICIES

### **CONSENT FOR TREATMENT**

I hereby consent to such treatment procedures and patient care, which in the judgment of my therapist, or physician, may be considered necessary or advisable while a patient at PELTZ AND ASSOCIATES PHYSICAL THERAPY INC.

### **RELEASE OF INFORMATION**

I authorize release of any information pertinent to my treatment to my physical therapy referral source, primary physician, and/or to any organization responsible for the payment of my account. Please note that personal emails and text messages between you and your Physical Therapist are not encrypted.

### **ASSIGNMENT OF BENEFITS**

I authorize payment of all medical benefits directly to PELTZ AND ASSOCIATES PHYSICAL THERAPY INC for professional services rendered.

### **RESPONSIBILITY TO PAY FOR TREATMENT**

I acknowledge and understand that I am responsible for all charges for services rendered to me by PELTZ AND ASSOCIATES PHYSICAL THERAPY INC.

### **DELINQUENT ACCOUNT POLICY**

As a service, your primary and secondary insurance company will be billed, however, it is your responsibility to pay any amounts not paid by your insurance. For balances not paid in full after 90 days, you may be charged an interest rate of 1% per month. If you do not pay your balance in full we may send your account to collections and a \$150 fee may also be applied to your account at that time.

### **CANCELLATION/NO-SHOW POLICY**

If you are unable to keep an appointment, we require that you provide PELTZ AND ASSOCIATES PHYSICAL THERAPY INC 24-hour notice. For no shows, or appointments not canceled within 24 hours, **you WILL be charged \$50 effective 10/1/2022. Insurance companies do not pay for this charge. You will be solely responsible for the cancellation fee.**

### **STANDARD ARBITRATION CLAUSE NAMING JAMS**

Any dispute, claim or controversy arising out of or relating to this Agreement or the breach, termination, enforcement, interpretation or validity thereof, including the determination of the scope or applicability of this agreement to arbitrate, shall be determined by arbitration in Santa Rosa, CA, before one arbitrator. The arbitration shall be administered by JAMS pursuant to its Streamlined Arbitration Rules and Procedures. Judgment on the Award may be entered in any court having jurisdiction. This clause shall not preclude parties from seeking provisional remedies in aid of arbitration from a court of appropriate jurisdiction. The arbitrator may, in the Award, allocate all or part of the costs of the arbitration, including the fees of the arbitrator and the reasonable attorneys' fees of the prevailing party.

### **NOTICE OF PRIVACY POLICIES PROVIDED TO PATIENT AND REVIEWED**

*This signature and date apply to all information included on this page. **I acknowledge that the Notice of Privacy Practices form was provided and reviewed.** Please read carefully before signing.*

Signature:

Date:

Signature of Parent/Guardian if under age 18: \_\_\_\_\_ Date: \_\_\_\_\_