

CLINIC POLICIES



Financial Policies

Health Insurance Billing

- If Stride Physio is a participating provider (in-network) with your insurance carrier, we will bill your insurance directly and accept their payment plus any co-payments, co-insurance, and deductibles as payment in full.
 - *Please note:* co-payments, co-insurance and deductibles are a contractual agreement between you and your insurance carrier. We cannot legally change or negotiate these amounts. • If your plan requires a co-pay with an office visit, you agree to pay this at the time of your visit. • If your insurance requires a pre-authorization, our office will make all efforts to obtain this. Should your insurance or its affiliates not authorize your visit(s), you agree to pay for these visits in full. • Deductibles, co-insurance and amounts that are not covered by your insurance, including those denied for reasons of non-medical necessity, will be billed to you and payable within 30 days of receipt. • If Stride Physio is not a participating provider for your insurance plan, also known as out-of-network, you may still have out-of-network benefits, in which case Stride will courtesy bill your insurance and any patient responsibility will be billed directly to you after insurance processes, due within 30 days. ○ If you do not have out-of-network benefits you can opt to do self-pay which is due at time of service and we do not bill your insurance at all.

Motor Vehicle Accidents (MVA) & 3rd Party Billing

- Stride will bill your car insurance, personal injury protection (PIP).
- If your car insurance PIP does not pay within 30 days, the bill becomes your responsibility. • If your PIP coverage is exhausted, we will bill your private insurance at your request, provided we are furnished the necessary information at the date of service.
- Stride does not accept 3rd party claims, meaning we will not defer payment obligations while a case settles.
- Stride is unable to confer with attorneys or defer payment obligations while a case settles.

Workman's Compensation (L&I) Billing

- Stride bills Labor & Industry claims if you provide us with a claim number, name & number of claim representative and physician referral.

Self-Pay

- Those paying cash for physical therapy services will receive a discounted rate if paid at time of service. See [Billing & Fees Sheet](#) <link to .pdf> for details on prices.
 - *Please note:* We are unable to retroactively apply self-pay discounted rates once we have billed your insurance.
- Most specialty services and classes are not covered by insurance because they are not deemed medically necessary. Specialty services must be paid for at the time of service or with pre-paid packages. See [Stride's website](#) <link to website> and [Billing & Fees Sheet](#) <link to .pdf> for details on services.

Cancellation Policy

- We require **48-hours notice** to cancel or reschedule an appointment.
- Cancellations must be made during business hours, Monday – Friday.
 - To be within the 48-hour window, cancellations made over the weekend apply to Wednesday appointments. Tuesday cancellations must be made by 5:00 on Friday.
- A fee will be charged for any appointments canceled less than 48 hours, late arrivals more than 20 minutes, or no shows.
- **Fees for late cancellations, late arrivals and no shows: \$125.00**

Other Charges & Payments

- **Returned check fee** – \$30.00 will be charged for any check returned by the bank for non-sufficient funds (NSF).
 - **Delinquent accounts** – An account management fee of \$10 will be charged monthly on balances over 45 days old. We may assign an account to collections if balances are unpaid after 60 days. Clients assigned to collections may be denied additional service.
- Alternative payment arrangements** – Payment plans are available upon request. Please contact our billing specialist at jennifer@strideseattle.com if you are unable to pay in full by due date

INITIAL THAT YOU READ AND UNDERSTAND THE FINANCIAL POLICY ABOVE: _____

Informed Consent

I hereby authorize Stride Physio physical therapists to provide skilled physical therapy services necessary to facilitate me or my child's (if 12 or under) diagnosis or condition. These skills include examination, evaluation, diagnosis, prognosis and interventions using rehabilitative procedures, including but not limited to manual therapy, therapeutic exercise, therapeutic activities, gait training, neurodynamic techniques, decompressive cupping, taping & splinting, instrument assisted soft tissue mobilization, dry needling, blood flow restriction, and other physical agents. All procedures will be thoroughly explained prior to performing them. I recognize that there are potential risks and benefits of these procedures. It is my right to decline any part of my treatment at any time before or during treatment.

INITIAL THAT YOU READ AND UNDERSTAND THE INFORMED CONSENT ABOVE: _____

Health Insurance Portability and Accountability Act (HIPAA)

I understand that Stride Physio providers will use and disclose health information about the patient in compliance with the HIPAA Act. I understand I am entitled to receive a copy of the Notice of Privacy Practices as outlined by Federal Regulations. I have the right to ask that some or all of the patient's health information may not be used or disclosed in the manner described in the Notice of Privacy Practices. My signature below acknowledges I am aware of my rights in accordance with HIPAA.

INITIAL THAT YOU WERE OFFERED A NOTICE OF PRIVACY PRACTICES: _____

Release of Health Information

We keep a record of the health care services we provide you and your child. You may ask to see and copy that record. We will not disclose you or your child's record to other 3rd parties unless we have a signed authorization form you.

Communication with Physical Therapists

Stride's portal of communication is through "Weave", where you can communicate with our front office via email, text or telephone on a HIPAA compliant platform. Specific messages to therapists will be directed to them via this portal. If your message requires more than 1 to 2 sentences to answer, then a visit will need to be scheduled (e.g., 15 minute telehealth with PT), as we cannot deliver therapy through messages. Please understand, direct messaging of therapists through their telephone or emails is not allowed as this is not HIPAA compliant.

I attest that I have read, understand and agree to all the information and policies above.

Client Name _____

Date _____

Client or Guardian Signature _____