



CLINIC POLICIES

Thank you for choosing Stride Physio. We are fully committed to providing you with the highest quality physical therapy and aim to foster a life-long patient/provider relationship regardless of your insurance coverage. Please read this policy carefully and sign and date at the bottom.

Financial Policies

Patient/Client Responsibilities

You can help ensure an efficient and informed experience by assisting with the following:

- Provide us with your most current insurance card and picture ID.
- Be empowered by knowing your insurance benefits and limitations. Our staff will obtain a quote of your benefits at your first visit but please keep in mind that we cannot guarantee the quotes we receive from your insurance carrier.
- While Washington is a direct access state for physical therapy, a referral from your primary care or referring provider may be needed for a few insurance plans (e.g. labor and industries, out of state plans).
- If available, bring in copies of any pertinent medical records, and/or imaging (MRI/CT/arthrogram/X-ray).
- Be prepared to provide co-payments at time of service.
- Complete required incident/accident forms within 30 days of date of service.
- Inform us of any changes with your personal information and insurance benefit.
- Please provide us at least 48 business hours notification, should you need to cancel or reschedule an appointment. As we are a small practice, cancellations have a big impact on our business.

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 may provide you a superbill upon your request to submit to your insurance for possible reimbursement.
- 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 furnish 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. If you're uninsured or self-pay, a good faith estimate is available upon request.
- Please note: We are unable to retroactively apply self-pay discounted rates once we have billed your insurance.
- We are unable to retroactively apply self-pay package discounts to previous visits. To receive the full discount, you must purchase the package on your first visit.
- Self-Pay packages are not available to be shared amongst family or friends.
- If you do not use your package within 1 year of the purchase date it can no longer be used due to price changes that occur, if you are unable to use all your

visits, you must request a refund with the front desk in which case the total price will be reduced by the full price of each session.

Uninsured/Self-Pay Physical Therapy Services VS. Wellness Services

- Uninsured or self-pay physical therapy services are provided when a patient requires rehabilitation but either does not have insurance coverage or has insurance that Stride Physio is not contracted with so they choose to pay out-of-pocket. These sessions are focused on injury recovery, pain management, and improving function under a licensed physical therapist's care.
- Wellness services, on the other hand, are designed to support overall health, injury prevention, and performance enhancement. These services are not considered medical treatment and are therefore not billable to insurance. Examples include movement assessments, strength and stability training, and specialty classes.
- If you are receiving physical therapy and paying cash but would like to attempt to get reimbursement from your insurance company, we will provide a superbill upon your request. We recommend contacting your insurance company directly to find out their process on reimbursement or if it is even an option.

Cancellation Policy

- We require **48 business hours' notice to cancel or reschedule an appointment.**
- Cancellations must be made during business hours, Monday – Friday.
 - o 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 business hours, late arrivals more than 20 minutes, or no shows.
- **Fees for late cancellations, late arrivals and no shows: \$125.00**

Saved Payment Information

- We require that all patients keep a credit card on file with our clinic. The credit card information will be stored using the latest end-to-end encryption security software. Our office is "PCI-compliant", which means that we place a high priority on the security of cardholder data.
- No member of our staff will be able to view your card information once it has been stored in our secure payment gateway.
- This card will be charged automatically for time-of-service visits, late cancellation fees, and visit copays.
- This card may be used for any balance after 60 days of receipt of invoice (unless an alternative payment arrangement was made).
- You can pay your bill with your HSA or FSA card for copays and balances through the portal, but you must have a separate credit card on file for late

cancellation fees, which are not covered by insurance plans. You may contact our office at any time to update your stored card information.

Other Charges and 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
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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. By initialling below, you consent to this service:

Informed Consent to Provide Telehealth Services

Please carefully read the following information and sign below if you consent to participate in telehealth services at Stride Physio, PLLC. and to follow the telehealth financial policy

Telehealth is the utilization of any digital audio/visual communication platform to deliver care to help manage health. Telemedicine is a proprietary term used only by certain medical providers. Which does not include physical therapy.

Telehealth can either be live video, called synchronous, or it can be store-and-forward, called asynchronous. At Stride, you will mostly be engaging directly with your physical therapist for live interactions. However, store-and-forward may be used to demonstrate exercises, forward imaging and reports, forward home exercise programs, and the like.

Telehealth must be delivered by a licensed practitioner acting within their scope of practice on a HIPAA compliant platform that protects your personal health information. At Stride Physio, we utilize Doxy.me and/or Zoom.us, both of which have signed Business Associates Agreements and are HIPAA compliant.

Other HIPAA compliant platforms utilized in your treatment at Stride Physio include our electronic health record (EHR) with Stride Thera and our calendar/email system with Google Suite. Please note that we cannot ensure that your email system is HIPAA compliant, so please limit emails to non-health related and non-confidential information.

Stride Physio physical therapists are all licensed to provide physical therapy and wellness services to clients in Washington State. We are also licensed to provide services to people who live in the following states due to the Physical Therapy Compact laws: OR, UT, AZ, CO, ND, NE, IA, TX, OK, MO, AR, LA, KY, TN, MS, VA, NC, NH (<http://ptcompact.org/ptc-states>)

Potential risks and limits to confidentiality associated with electronic health care services include:

- I. Encryption privacy breach on the platform used.
- II. Process for documentation and storage of information
- III. Possibility of interruption caused by technology failure.

Should there be an interruption in communication, or failure in use of the technology, both the client and therapist will sign off and re-sign into the platform. If that fails, the office of Stride will contact you to reschedule.

All telehealth appointments should be scheduled through the Client Care Coordinators at Stride Physio (admin@strideseattle.com, 206-547-7445). Should you wish to transmit information such as medical records or imaging prior to your appointment for the therapist to review, the Client Care Coordinators will assist you with this.

Telehealth is covered by many 3rd party insurers. We will do our best to check on each policy, but this information is difficult to obtain. You are advised to call on your policy to check your coverage. Should your insurance not cover telehealth, you will be responsible to pay the balance.

Payments can be made prior to your appointment time. You can pay via credit card online at <https://pay.instamed.com/strideseattle> or call our office to provide a credit card over the phone.

Late Cancellation/No show – We request that you provide at least 2 business days advance notice if you need to cancel or reschedule an appointment. Any appointment canceled less than one business day in advance will result in a \$125.00 fee charged directly to you, the patient. Missed appointments will be charged a fee of \$125.00. After three cancellations per plan of care, appointments will only be made on a weekly basis.

By providing your initials below, you understand and accept the risks associated with telehealth and you agree to participate in telehealth services and follow the telehealth financial policy with Stride Physio, PLLC. If your insurance does not cover the services, you agree to pay the balance in full.

Health Insurance Portability and Accountability Act (HIPAA)

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Dear Stride Physio Patient:

This is your Health Information Privacy Notice from Stride Physio. You are receiving this notice as mandated by law to inform you of the policies and procedures employed by this clinic and its staff to ensure the privacy of your Personal Health Information (PHI). This notice also describes your rights with respect to your PHI and how you can exercise them. PHI includes individually identifiable health information in any form, including information transmitted orally, or in written or electronic form.

We are required by law to:

- Notify patients about their privacy rights and how their PHI can be used.
- Adopt and implement privacy procedures.
- Train employees so that they understand the privacy procedures.
- Designate an individual responsible for ensuring that privacy practices are adopted and followed.
- Secure patient records containing individually identifiable health information.

Permitted Uses and Disclosures

The HIPAA Privacy Rule generally requires that we make reasonable efforts to limit the use or disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose. We may use/disclose your PHI without consent in the following cases:

1. **Treatment:** The provision, coordination or management of health care and related services among health care providers or by health care providers with a third party, consultations between health care providers regarding a patient, or the referral of a patient by one health care provider to another.
2. **Payment:** The various activities of health care providers to obtain payment or be reimbursed for their services and of a health plan to obtain premiums, to fulfill their covered responsibilities, and to obtain or provide reimbursement for the provision of health care. This includes determining eligibility or coverage under a plan, adjudicating claims, billing and collection activities and justification of charges.
3. **Health Care Operations:** Administrative, financial, legal and quality improvement activities necessary to run our business including quality assessments, review of competence and qualifications of health care workers, accreditation, conducting or arranging for medical review, legal and auditing services and business management.

4. Your PHI may also be used/disclosed to inform you of health related products or services provided by Stride Physio, alternative treatments or therapies, or in any communications made during a face to face encounter with you.

Special Uses and Disclosures

Your PHI may be used/disclosed without your authorization in the following special circumstances;

- Law enforcement activities.
- Public health risks or activities.
- Reports to appropriate authorities concerning victims of abuse, neglect or domestic violence.
- Health oversight activities and government benefit programs.
- Judicial and administrative proceedings (court order, warrant, and court subpoena for relevant Information.
- Emergency situations with serious threats to health or safety.
- Specialized government functions.
- Worker's compensation.
- Appointment reminders.
- Individuals involved (family/friends) in your care or payment for your care.
- Research, if conducted without using information that could reveal your identity.
- Military and Veterans, as required by military command authorities.

We may use/discard your PHI for other purposes if you authorize the specific use/disclosure in writing. You may revoke this authorization at any time, but it must be in writing.

Your Rights Concerning Your PHI

You have the right to access and copy your "designated record set" (any piece of information that reflects a decision a provider makes regarding the patient). You may request that your record set, or portions of it, be copied. This request must be made in writing and may be subject to a reasonable copying charge. We have 30 days (50 in certain circumstances) to deliver the requested material to you.

You have the right to receive an accounting of disclosures of your PHI. This excludes disclosures made to carry out treatment, payment or health care operations. An account would include disclosures made during the 6 years prior to the date of the request, and the date, recipient's name(s), description of PHI disclosed, and statement of purpose for the disclosure for each disclosure.

You have the right to request amendments or corrections of your PHI. You must submit this request (see contact information at end of this notice) in writing and provide the reason for this request.

In some circumstances we may have the right to deny your request. We will explain the reason for any denials, and you may have the right to appeal the denial.

You have the right to request additional restrictions or special limitations regarding how we use or disclose your PHI. We may deny this request, but if we agree to it then we will be legally obligated to carry out the agreement. This request must also be made in writing.

You have the right to request alternative means of communications to increase confidentiality. You must specify how communication is to be carried out (written, phone, electronic, etc.) and any other limitations (specific address or phone number, etc.) in a written request. We will honor reasonable requests.

You have a right to receive a paper copy of this notice. We will issue a copy of this to you at the start of your course of treatment, and request that you sign a form stating that you have received this form.

Changes to Privacy Practices

We have the right to revise this notice and to our privacy practices at any time. Revisions will apply to all PHI that we currently have, and any PHI that we obtain or generate in the future. Revisions will be posted with this notice in our clinic and on our website.

Questions and Complaints

If you have any questions about this notice, or would like an additional copy, please contact us at the information listed below. If you feel that we have violated your privacy rights or disagree with a decision that has been made regarding your PHI, you may file a complaint with the Privacy Officers listed below, and/or with the Secretary of the U.S. Dept. of Health and Human Services. Please note that you will not be penalized for filing a complaint with us or DHHS.

Stride Physio
Attn: Privacy Officer, Susanne Michaud
100 NE Northlake Way, Suite 200B
Seattle, WA 98105
Phone: 206-547-7445 Fax: 206-913-2486

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 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.

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 from 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.

By signing, you attest that you have read, understand, and agree to all the information and policies provided. Stride Physio, PLLC reserves the right to update these policies, and you will be notified of any changes. Your continued participation in our services signifies your acceptance of the updated policies.

Signature

Date