

Oakford Physical Therapy

Mary Margaret Oakford, PT, DHS

665 W. Jackson Street

Woodstock, IL 60098

Office # 815-334-8850

Fax # 815-334-8853

Please read and sign below – 2020

- All information provided herein is true and correct. I hereby consent to treatment.
- **Information Release:** I give permission to Oakford Physical Therapy to release information, verbal and written, contained in my medical record, and other related information, to my physician, insurance company, rehabilitation nurse, case manager, attorney, employer, school, related healthcare provider, assignees and/or beneficiaries and all other related persons.
- **Privacy of Information:** I acknowledge that Oakford Physical Therapy has made available a copy of their HIPAA Privacy Policy, located in the waiting area of the clinic. A copy may be obtained for my records upon request. Information without patient identifiers may only be used for quality assurance and/or outcomes purposes (i.e. research).
- **Financial Responsibilities:** I expressly guarantee full payment of this account for all services rendered by Oakford Physical Therapy. Oakford Physical Therapy will file all claims to my insurance carrier and my insurance carrier will either: 1) reimburse Oakford Physical Therapy directly if they are in-network with my insurance plan, or 2) reimburse me for these services if I have already paid in full and Oakford Physical Therapy is out-of-network with my insurance plan. If I do not have insurance benefits for physical therapy, I understand that payment is due in full to Oakford Physical Therapy at the time of service. ***I also understand that I am ultimately responsible for all charges incurred at Oakford Physical Therapy.***
- **Medicare Patients:** I am aware that effective **January 1, 2020** Medicare has applied a combined annual limitation for physical therapy and speech language pathology services of **\$2080.00**. I acknowledge that I am responsible for my **annual deductible of \$198.00**. Medicare will pay up to 80% of the Medicare-approved amount for each service and you will be responsible for the remainder. If you are approaching the limit and need more therapy, your doctor can tell Medicare that it's medically necessary for you to continue. I understand that Oakford Physical Therapy may proceed with the Medicare Exceptions Process, if it is warranted for my condition.
- **Oakford Physical Therapy does not accept Auto Accident, Third Party Claims, and Workman's Comp Claims.**
- **Cancellation Policy:** ***Please provide 24-hours advance notice of all appointment cancellations. If appointment is cancelled less than 24 hours in advance and cannot be filled, you may be charged a cancellation fee of \$35.00.***

Thank You

X

Patient Signature

Date