



INFORMED CONSENT

CANCELLATION POLICY

A \$50 fee will be charged if you fail to show for an appointment or cancel with less than 24 hours' notice. The fee will not be charged if you have a documented illness or emergency.

PAYMENT/BILLING POLICIES

Payment is expected at the time services are rendered. Flexible Spending Accounts (FSA), Health Savings Accounts, credit cards, checks, and cash are accepted. Returned checks are subject to a \$50 fee.

Blue Lotus Physical Therapy is an out-of-network provider for all insurance plans. We will work with you to explain your insurance benefits. However, it is the patient's responsibility to understand his/her own insurance benefits and reimbursement policies. All necessary records and documentation needed for reimbursement will be provided.

Blue Lotus Physical Therapy is not a Medicare provider and cannot bill Medicare for you or accept patients who intend to submit claims to Medicare.

PRIVACY POLICY

Blue Lotus Physical Therapy, LLC will maintain the privacy of your medical information, and may only use or disclose personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided, and any administrative operations related to treatment or payment. A record of the quality care you receive will be created to comply with all legal requirements. We are committed to protecting all of your medical information. We are required by law to provide you with notice of all legal duties and practices with respect to your medical information.

CONSENT TO TREATMENT

Blue Lotus Physical Therapy, LLC is a hands-on Physical Therapy clinic. Thorough and highly specialized treatment consists primarily of manual therapy techniques and treatment forms that are published or otherwise publicly known. Forms of ultrasound, electrical stimulation, traction, deep tissue massage, therapeutic exercise programs, gait training, neuromuscular re-education, myofascial release, dry needling, bone and soft tissue manipulation, as well as other treatment modalities may be used. Internal pelvic exams may be performed if symptoms and patient goals warrant it, and patient may defer or object to this at any time. The number of treatments needed and recovery time can vary due to the age of injury, number of times injured, age of patient, and many other contributing factors.

I have read and completely understand the above written statements. I hereby agree and authorize Joyce Fishel PT, DPT at Blue Lotus Physical Therapy, LLC to furnish medical care and treatment as considered necessary and proper for my safe and effective recovery. If patient is under 18 years of age, and a parent is not able to attend sessions of physical therapy with the minor, the parent(s) signature for authorization allows Blue Lotus Physical Therapy, LLC to commence physical therapy treatments with the patient who is a minor. The parent(s) is also accepting full financial responsibility for the treatment.

Patient / Guardian Signature: _____ **Date:** _____

If indicated, I consent for internal pelvic floor exam: (circle one) **Yes No** **Patient Initials:** _____