



PATIENT RESPONSIBILITIES & REGISTRATION FORM

HIPAA: Our Notice of Privacy Practices provides information about how we may use and disclose the medical information that we maintain about you. It also explains how you can access this information. By signing, you acknowledge that you have reviewed the Notice of Privacy Practices of Vestibular Therapy Specialists (please *read document in portal*).

EMERGENCY CONTACT: In case of an emergency, I have authorized Vestibular Therapy Specialists to disclose information and/or review my care with my emergency contact.

AUTHORIZATION TO LEAVE PERSONAL HEALTH INFORMATION:

You agree to the following:

- We may provide treatment information about you to the selected emergency contact (s) provided at intake.
- Agree to accept assignment of payment.
- Agree to release medical or other information to process claims.
- We may leave detailed voice messages about your treatment and text appointment reminders on the number provided.
- We may send detailed messages to you by the email address provided at intake.

Prior to your consent to our use of e-mail communications that may contain your health information, we need to advise you that there may be some level of risk that information in an unencrypted email could be read by a third party. We will not be responsible for any unauthorized access of your health information in emails that we send to you.

With my signature below, I acknowledge and understand that this information will be kept in my medical file and the above parameters will be abided by until revoked by me in writing. It is my responsibility to notify my healthcare provider should I change any of my personal information and contact information.

PATIENT RESPONSIBILITIES

Vestibular Therapy Specialists is committed to providing you with the highest quality medical care. Because patients are ultimately responsible for the charges associated with their care, even when insurance is in place, you may find the following information helpful. We realize you have choices for your medical care and appreciate your choosing Vestibular Therapy Specialists.

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

- Providing us with copies of any pertinent medical records, including tests (MRI/CT scan, EKG, audiogram, x rays, etc)
- Paying your estimated portion of charges at the time of services.
- Paying any additional amount owed when due.
- Knowing your insurance benefits and limitations.
- Communicate your needs and questions with our staff in a timely manner. We are available to you via email: info@vestibularspecialists.com or call our office.
- Ensuring there is an authorization for our providers to treat you if it is required by your insurance, including obtaining a referral and having current PCP on file.
- Completing any required incident/accident forms within 30 days of service.
- Maintaining a current account with Vestibular Therapy Specialists at all times with your mailing address and contact number.
- **Cancellation Policy:**
 - We require 24 hours of notice from appointment start time to cancel or reschedule your appointment or you will ensue a \$120 fee. The credit card on file will be charged, you give authorization for this by signing this form.
 - **TO CANCEL/MODIFY APPOINTMENTS OR TELEHEALTH HELP PLEASE CALL (No Texts/Emails):** Seattle clinic: 206-672-0145 or Bend clinic: 541-639-4598.
 - We ask that you respect the start time of your appointment and any consistent tardiness may result in the discontinuation of care per the therapist's discretion.
 - If any technical issue occurs with VTS telehealth system, rescheduling of appointments will take place with no charge. Patients are responsible for their own technical support of their device or a \$120 will ensue if the telehealth appointment cannot occur. Please communicate with our office at least 2 hours before the appointment start time for troubleshooting help.

INSURANCE COVERAGE

At this time, we are contracted with the following insurance companies: Medicare Part B, Regence & Regence Med Advantage, Premera & Premera Med Advantage, Lifewise, Asuris, First Choice Health (Kaiser PPO), Pacific Source (*not Community Solutions*), Anthem/Blue Cross Blue Shield, and Healthcare Management Administrators (HMA). When we are contracted, please note that co-payments, co-insurance and deductibles are a contractual agreement between you and your insurance carrier. We cannot change or negotiate these amounts. We do our best to check benefits in advance and acquire the best information we can on your benefits. Please contact your health plan/insurance carrier if you need further information regarding plan coverage.

If you have Medicare as your primary insurance, in most cases, your secondary insurance pays some or all of the costs left after the primary insurer has paid (e.g., deductibles, copayments, coinsurances). If your primary insurance denies coverage, secondary insurance may or may not pay part of the cost, depending on the insurance. If there are reasons for denial such as being out of network with your primary or secondary insurance, the remaining costs will become patient responsibility.

If your insurance requires a referral, you are responsible to obtain one for our records. For Medicare patients, If you do not have a referral before the start of care with us, an Advance Beneficiary Notice of Non-coverage (ABN) form must be signed stating that you are responsible for the full balance that insurance may not cover. Medicare patients are required to have a referral and a current Primary Care Physician on file at all times. This allows us to communicate your PT plan for continuity of care and meet Medicare guidelines.

You understand and agree that Vestibular Therapy Specialists will not always check benefits prior to appointment and that it is you, the patient, responsible to verify if prior authorization or referral is necessary before your first visit.

For "Out of Network" services, you can request a Superbill of your sessions to submit the claims to your insurance companies.

We will collect a credit card upon initial booking to ensure payment for copayments, missed visits (see cancellation policy) or any unpaid balances that are outstanding more than 60 days. It is the patient's responsibility to cover any services that are charged but insurance does not cover. You agree that we can charge your credit card for these purposes. You agree to these terms when you sign this agreement.

In the best interest of our patients, Vestibular Therapy Specialists use Remote Therapeutic/Physiological Monitoring (RTM/RPM) to allow us to better manage acute and chronic health conditions from a distance over time. You will have full access to our online data system at all times via OptimME. You will have access to this once you establish care with our team. This would include any communication outside of patient visits (i.e., phone calls and email correspondence).

The medical billing codes for RTM/RPM may include: 99453, 99454, 99457, 99458, 99091. If you have a patient responsibility (i.e. copay or coinsurance), then receiving RTM will fall under your responsibility.

For example: for Medicare, there is a 20% co-pay for all services rendered by the provider, and RTM would fall under this. The patient would be responsible for 20% of the reimbursed amount for the RTM codes.

The intention of using these codes is to best support our patients throughout their entire care plan to provide comprehensive communication once a patient has established care with us.

REMOTE THERAPEUTIC MONITORING

In the best interest of our patients, Vestibular Therapy Specialists use Remote Therapeutic/Physiological Monitoring (RTM/RPM) to allow us to better manage acute and chronic health conditions from a distance over time. You will have full access to our online data system at all times via OptimME. You will have access to this once you establish care with our team. This would include any communication outside of patient visits (i.e., phone calls and email correspondence).

The medical billing codes for RTM/RPM may include: 99453, 99454, 99457, 99458, 99091. If you have a patient responsibility (i.e. copay or coinsurance), then receiving RTM will fall under your responsibility.

For example: for Medicare, there is a 20% co-pay for all services rendered by the provider, and RTM would fall under this. The patient would be responsible for 20% of the reimbursed amount for the RTM codes.

The intention of using these codes is to best support our patients throughout their entire care plan to provide comprehensive communication once a patient has established care with us.

Payment: We accept major credit card/debit cards for payment. We charge \$40 for any returned payment. If you are unable to pay your balance, please contact us to make alternative arrangements prior to your first visit: Seattle clinic: 206-672-0145 or Bend clinic: 541-639-4598.

Emergency Contact: _____ Relation: _____

Phone Number: _____

Patient Signature: _____ Date: _____

I hereby certify that I am the parent, legal guardian or personal representative of the patient and do hereby give my consent and agreement to the foregoing on behalf of this person.

Guardian Signature: _____ Date: _____