



152 East 73rd Street • New York, New York 10021 • 646-712-2064

Information for the Patient

Appointment Information

- The initial appointment will usually last 45 to 60 minutes with all subsequent appointments lasting either 30 or 60 minutes.
- Please arrive promptly for each scheduled appointment. If you are more than 20 minutes late, the schedule may prevent you from being treated. If circumstances are such that I am running late for your appointment, you will be allotted the entire time period for that appointment if your schedule allows.
- In the event that you are unable to attend your appointment, we require at **least 24 hours advance notice**. There is a **\$50 missed visit fee** for failure to comply. If circumstances warrant that I have to cancel your appointment without 24 hours notice, you will receive a \$50 credit. I reserve the right to cancel all subsequent visits if you fail to show up for two visits.

Physical Therapy Service availability

We provide physical therapy for a wide variety of medical problems. Your insurance company may require that treatment be rendered only upon a **prescription from a physician, dentist or podiatrist**. This prescription should be provided to me on your initial visit to the clinic. These prescriptions are generally valid for one month unless otherwise stated. If you are not going to be using insurance benefits, then, in the state of New York, physical therapy services can be provided for 30 days before a prescription is required. Continuation of therapy after 30 days will then be discussed on a case to case basis.

Billing/Insurance Information

Wenning Physical Therapy is NOT a participating provider for most insurance companies. It is important that you have verified your insurance coverage at the time of your initial visit. We can provide invoices and paperwork for you to submit to your insurance company for "out of network" benefits. We must emphasize that when we are not participating provider with your insurance plan, our relationship is with you, not your insurance company. All charges are your responsibility from the date the services are rendered. It is ultimately your responsibility to pay Wenning Physical Therapy for the services and to assure that your insurance properly processes your claims.

Medicare

Wenning Physical Therapy is a participating provider for Medicare benefits.

- Medicare requires a written prescription every 90 calendar days for physical therapy to continue
- As of January 1, 2014 there is also a financial cap on physical therapy services of \$1920.00 per calendar year. (Please let me know if you have received any physical therapy or speech therapy elsewhere during the current calendar year so that we can keep track of any billing records.)
- Medicare has a deductible of \$147.00 for the year.
- You must be discharged from any Home Health Services before beginning outpatient PT.

Notice of Advice:

I have read and understood all of the above information, and agree to abide by all of its terms. Further, I understand that I am personally responsible for all charges not covered by my insurance.

Patient Name: _____

Address: _____

I have received a copy

Signature: _____ Date: _____

Medicare Patients: Have you had any home health services in the past month? Yes No

Authorization of Benefits

Name of Beneficiary

Health Insurance Claim Number

I request that payment of authorized Medicare benefits be made on my behalf to Patrick Wenning, PT for services furnished to me by hm. I authorize any holder of medical information about me to release to the health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services.

Patient's Signature

Physical Therapist Signature

Date

Date

Authorization of Consent for Treatment of a Minor Child

I do hereby state that I am the parent or legal guardian of _____ and authorize Wenning Physical Therapy to administer Physical Therapy to the above named minor.

Parent's Signature

Date