FIT AT HOME
PHYSICAL THERAPY & REHABILITATION

FIT AT HOME

Patient Consent Form

Fit at Home Physical Therapy & Rehabilitation services LLC has been asked by your physician, healthcare provider team, power of attorney or yourself to provide exercise physiology, physical therapy, and/or occupational therapy evaluation and treatment. Please read and discuss this document with your clinician and sign and date it to confirm your understanding of, and your agreement to, this consent.

I. Informed Consent – My physician, power of attorney or I have prescribed, and Fit at Home Physical Therapy & Rehabilitation services LLC has designed a plan of care to provide exercise physiology, physical therapy, and/or occupational therapy to address one or more of my medical conditions. I request and agree to receive the services of Fit at Home Physical Therapy & Rehabilitation services LLC as recommended in the plan of care designated by my FIT AT HOME clinician and the prescribing party.

II. HIPAA and Patient Bill of Rights Acknowledgment – I acknowledge that I have reviewed and can access upon request both the Notice of Privacy Practices for Fit at Home Physical Therapy & Rehabilitation services LLC and the Patient Bill of Rights prior to my signature of this document.

III. Assignment of Benefits – I assign the benefits payable for covered therapy services rendered by FIT AT HOME, I authorize Fit at Home Physical Therapy & Rehabilitation services LLC to submit claims to any Medicare and/or commercial insurance carriers for payment. I authorize payment of my insurance benefits directly to FIT AT HOME. This payment will not exceed the balance due on my account. In the event that my insurance company does not pay as expected, I understand that I am responsible for the remaining balance. I authorize release of medical or other information pertinent to my care to Medicare or any third party payer to determine eligibility for payment. This authorization will remain in effect until revoked in writing by the signing party.

IV. Liability Protection – FIT AT HOME, on behalf of their insurance carrier, relinquishes its right to subrogation against a party to this contractual agreement unless Fit at Home Physical Therapy & Rehabilitation services LLC specifically instructs their carrier otherwise.

Self-Pay: If no insurance being billed
I have acknowledged that if no insurance is noted above, I agree to pay privately for the services of Fit at Home Physical Therapy & Rehabilitation services LLC and its related entities ("FIT AT HOME") and waive any third party insurance benefits. FIT AT HOME will not be filing insurance claims for my services. I understand that I am required to give credit card or electronic check information prior to receiving services. FIT AT HOME will bill all self-pay service charges to me monthly. If payment is not received, FIT AT HOME reserves the right to process payment using your credit card or electronic check given at registration (client's preference). FIT AT HOME reserves the right to suspend or terminate this agreement and services for non-payment.

Telehealth: Telehealth is the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care. FIT AT HOME utilizes HIPAA compliant

synchronous videoconferencing. I acknowledge that if certain clinical criteria are met, I may be eligible for telehealth visits. This type of healthcare deliver improves my access to therapy services but must be completed in conjunction with in-person visits to ensure proper clinical assessment, progression and safety long-term. I also consent to hold harmless Fit at Home Physical Therapy & Rehabilitation services LLC if medical or other information is lost due to technology failures.

**For both self-pay virtual visits and telehealth, I understand that participation may be associated with certain risks, including, but not limited to muscle soreness, high blood pressure, dizziness, loss of balance, falls, bone fractures, or other injuries. I assume all risks and responsibilities from any injury that may result from participation. I will immediately inform a healthcare professional if I experience any unusual symptoms during or after these visits. I also agree to hold harmless FIT AT HOME , and all related entities, for any and all damages or injuries that may result from my participation.

Patient Financial Service

I. Fit at Home Physical Therapy & Rehabilitation services LLC will make every attempt to obtain all proper insurance information for all admissions. It is recommended that our client's contact their insurance companies in order to fully understand their coverage of rehabilitation services.

II. In the event a client's insurance benefits do not cover the full cost of the provided services, Fit at Home Physical Therapy & Rehabilitation services LLC is required to send a bill with remaining balance to the client or their assigned financially responsible party. The Patient Financial Services department has been established to assist our client's with any financial related questions and may be able to develop payment plans to suit their needs. Please contact our business office at (848) 200-6729 Monday through Friday 9a – 4:30p EST.

III. If you require additional information about your benefits or clinical assistance, please contact one of our representatives in our office at (848) 200-7473, Monday through Friday 9a– 4:30p EST.

Cancellation Policy

Fit at Home Physical Therapy & Rehabilitation services LLC has a cancellation and rescheduling policy. Please cancel or reschedule appointments with at least 24 hours advanced notice. FIT AT HOME clinicians or administrative staff will verbally confirm the clinicians agreed upon schedule upon initiation of services and will work with the client and caregivers to identify the most beneficial means of providing written confirmation of appointments in the home at the time of the initial appointment. In the event that cancellations begin to interfere with our clinician's ability to provide skilled services, Fit at Home Physical Therapy & Rehabilitation services LLC reserves the right to utilize any number, but not limited to the following, to ensure the least disruption to our client's progress and the clinician's schedule; scheduling probation including, double booking and placement on the cancellation wait list, applying a $25 cancellation fee and discontinuation of services. Please call your clinician directly with at least 24 hours advanced notice to the phone number the clinician has provided or contact (848) 200-6729.

Consentee's Signature: _____ Date: _____

Print Name _____