

## **EAST VALLEY PHYSICAL THERAPY POLICIES & PROCEDURES**

**AQUATIC AREA GUIDELINES/RULES** In order to maintain quality and efficiency we ask that you comply with the following:

- Always check in at the front desk prior to entering the Aquatic Area.
- Please shower before coming to aquatic therapy. We do have showers and dressing rooms available; we do not provide any soaps/shampoos. Please limit the amount of time in the dressing room and shower as there may be others waiting.
- Avoid use of oils, lotions, or medicated creams prior to use of the aquatic center.
- Please do not bring food or drink inside the pool area.
- Please respect exercise areas of others so all may enjoy the benefits of aquatic therapy.
- Be careful of wet surfaces. Walk slowly inside the pool and locker room areas and always use bars when entering or exiting the pool. Please dry off after exiting pool, before returning to locker room.
- NO INCONTINENT, CATHETERIZED, OR OSTOMY PATIENTS ARE ALLOWED IN THE POOL.
- Please use the restroom prior to entering the water.
- DO NOT ENTER THE POOL IF YOU HAVE ANY INFECTIONS, OPEN WOUNDS, OR SORES. If you have any questions, please check with a therapist.
- For safety reasons, only patients or clients are allowed in the pool area.
- Aquatic shoes are not to be worn directly from the street into the pool. Please carry them with you.
- Please wear appropriate swimming attire for use of the pool; swimsuit or dark colored short/shirt.
- Please bring your own towels, 2 are recommended.
- Lock all valuables in the lockers provided. We will not be responsible for lost or stolen items.
- Patients or clients requiring assistance with dressing before or after using the pool MUST be accompanied by a caregiver who can provide assistance and bring with them any necessary adaptive dressing equipment. The caregiver should remain available within the facility in case of any unexpected problems that may occur during the aquatic session.
- No swimming is allowed in the pool.

**CONSENT FOR TREATMENT** I give permission to East Valley Physical Therapy and Aquatic Rehabilitation to care for and treat me or my minor child. I understand the therapist will explain my plan of care and any risks. I have the right to refuse any and all treatment. I give permission to have my photo taken and entered into my file for the purpose of identification.

**AUTHORIZATION TO RELEASE INFORMATION** I authorize East Valley Physical Therapy and Aquatic Rehabilitation to release my Protected Health Information to my referring health care provider for continuity of care and to my insurance carrier for the purpose of submitting claims and collecting payment. I am aware that the Notice of Privacy Practices is posted in this office,

and I may request a copy for my review. I understand that I can limit the release of my Protected Health Information by submitting a written request to the Privacy Officer. This authorization meets the needs of HIPPA (Health Portability and Accountability Act) guidelines set forth by the Federal Government.

**MEDICARE GUIDELINES** This office is Medicare certified and accepts direct assignment. These are the guidelines applying to Medicare billing and payment: A. This office will do all Medicare insurance billing. B. If Medicare does not automatically file your secondary insurance, this office will bill your secondary insurance **as a courtesy to you**. However, if your secondary insurance does not acknowledge within **60 days**, the balance will be your responsibility. We do not bill tertiary (third) insurances. C. All patients are responsible for charges not covered by insurance as well as all co-insurance and/or deductible amounts. You will be billed any monies due on a monthly basis once we have heard from Medicare and your secondary insurance. D. It is very important that you notify the front office and your therapist if you have had any out patient or in home physical or speech therapy at any time during this calendar year. E. If you are receiving or have recently received home health, please notify the front desk immediately.

**FINANCIAL RESPONSIBILITY** I understand I am responsible for any amount not covered by my insurance company and if my insurance company does not acknowledge within 90 days, the balance will become my responsibility. Benefits quoted by East Valley Physical Therapy are **not a guarantee** as they only quote what the insurance quotes them. Any additional monies due will be billed on a monthly basis once we have heard from your insurance. If any proceeding or actions shall be brought against me to recover any outstanding balance, I agree to pay all costs and expenses including reasonable attorney fees. I understand East Valley Physical Therapy and Aquatic Rehabilitation will submit my secondary insurance claim, but third party insurance claims will be my responsibility to submit. I agree to notify you if there are any changes to my insurance.

**CANCELLATION / NO SHOW POLICY** East Valley Physical Therapy provides professional attention and care to every patient. Patients are carefully scheduled according to their specific therapy needs. It is important that patients give adequate notice for cancellations so other patients can be appropriately scheduled in a timely manner. Our office policy is to charge a \$25 fee to patients who **no-show** or do not call to cancel **prior to** their scheduled appointment. The no-show fee is your responsibility, and East Valley Physical Therapy reserves the right to not reschedule any patient who cancels or no shows two or more times.

**CELLPHONE USE IS NOT PERMITTED WHILE IN THE CLINIC**

**I have read and understand the above policies and procedures.**

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(PATIENT OR PARENT SIGNATURE)

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(DATE)