

Strategic Orthopaedics, LLC

Payment Policy and Consent Form

Strategic Orthopaedics, LLC, has been established as a fee for service provider of Physical Therapy, personal training/coaching, and bodywork for those individuals interested in optimizing health and performance. In order to provide care that is of the highest standard and tailored to our clients' specific needs, we have chosen not to panel with group insurance plans. As such, payment is expected at the time that services are rendered unless prior arrangements have been made. We accept cash, personal checks, and some credit cards.

Reimbursement for rehabilitation and preventative health services is highly variable – both among insurance companies and among plans offered by the same insurer. In addition, the manner in which each insurance company determines its benefit is unique and often changes frequently. A prescription for Physical Therapy from a primary care provider is often mandatory for reimbursement to occur. Therefore, we recommend that you review your policy carefully and consult your insurance carrier for complete details. If you choose to seek reimbursement from your insurance company, we will provide you with a comprehensive bill including all the coding information necessary for processing the reimbursement.

Although it is not necessary in Pennsylvania to obtain a physician's referral/prescription prior to being evaluated by a physical therapist or working with a personal trainer, we strongly encourage you to speak with your primary care physician or specialist before starting treatment or an exercise program. We feel that open and honest communication between yourself and your care providers will enable you to reduce the risk of injury and adverse health effects, optimize your overall health and realize your objectives.

By signing below, I hereby acknowledge that:

1. I have been advised to meet with my physician prior to participating in any Physical Therapy, personal training/coaching or bodywork programs or activities (the "Programs") offered by Strategic Orthopaedics, LLC;
2. I could aggravate or adversely affect certain medical conditions that I may have, or cause other medical conditions to occur, by participating in the Programs;
3. I am voluntarily choosing to participate in the Programs, and I assume all risk and responsibility for any and all accidents, injuries, illnesses, and conditions of any type that I might suffer, sustain or aggravate as a consequence of participating in the Programs or following the exercise instructions provided through the Programs;
4. I hereby consent to treatment by Strategic Orthopaedics, LLC and/or participation in the Programs subject to each of the foregoing terms and conditions, which I have read and I fully understand.

Printed Name: _____

Signature: _____ Date: _____, 20__.