

## Payment Agreement

Thank you for choosing Healing Hands Therapy Center, LLC as your therapy provider. Before we begin services, please sign below indicating you have read, understand and agree to the following payment policies.

- You agree to be financially responsible for all charges regardless of any applicable insurance or benefit payments, third-party interest, or the resolution of any legal action or lawsuits in which you may be involved.
- Payment is expected at time of service unless you have made other payment arrangements with us.
- **Out-of-Network Policy.** (Does not apply to Medicare) If I am out-of-network with your health plan and you have out-of-network benefits, I will provide you with a copy of your bill that you can, at your discretion, submit to your health plan for reimbursement for the services your health plan covers. You are responsible for contacting your insurance company to determine what your benefits are and obtain any necessary physician referrals and/or pre-authorizations for services. Healing Hands Therapy Center is not responsible if your health plan denies, in whole or in part, your claims for our services.
- **Medicare Policy.** If you are a Medicare beneficiary, you understand that Healing Hands Therapy Center's licensed occupational therapist is not enrolled as a Medicare providers. Medicare has onerous technical and administrative requirements that must be met for services to be considered medically necessary covered benefits. I believe those requirements take unnecessary time away from the services I provide. Since my services are not designed to meet Medicare's covered benefit requirements and I am not a Medicare enrolled provider, my services will not be covered (paid) in full or in part, by Medicare (including Medicare Advantage Plans) even if the same services might be considered covered benefits when provided by a Medicare enrolled provider. We will not submit claims to Medicare on your behalf or provide you with a statement or billing codes that you can submit to Medicare yourself. If you want Medicare to pay for any services that might be considered covered benefits, you should seek those services from a Medicare enrolled provider. By choosing to receive my services after being fully informed of these facts, you are agreeing to pay privately for the services you receive from Healing Hands Therapy Center even if those services might be covered by Medicare if provided by a Medicare enrolled provider. You also understand that since I am not an enrolled Medicare providers and my services do not meet the technical requirements for Medicare covered benefits, my services are not subject to Medicare's maximum allowable charge. You agree that you, your caregivers, family members, authorized representatives or power of attorney will not, under any circumstance, submit our claims, invoices, receipts or statements to Medicare or your Medicare Advantage Plan for reimbursement or to obtain a denial for a Medicare supplemental insurance plan.
  - **Medicare as a Secondary Payer.** If you have a commercial insurance plan, I will provide you with a copy of your bill that you can, at your discretion, submit to your health plan for reimbursement for the services your health plan covers. However, since Healing Hands Therapy Center is not a Medicare enrolled provider, Medicare will not pay your copays, co-insurance or deductibles as a secondary payer. You understand and agree to carry out whatever procedures are necessary to prevent your commercial insurer from automatically forwarding my bills to Medicare.
- **Wellness & Fitness Services.** Commercial health plans and Medicare do not cover the wellness or fitness services Healing Hands Therapy Center offers. Therefore, you will be provided with a receipt for these services upon request.
- **Privacy Rights.** You have a right to privacy under the Health Insurance Portability and Accountability Act (HIPAA) that includes restricting disclosure of your records and claims to your health plan, including Medicare, if you pay privately for your services at the time of service. By paying for your services at the time of service, Healing Hands Therapy Center assumes you are exercising this right to privacy and will not disclose your medical records to any third party, including your health insurance carrier or Medicare, unless Healing Hands Therapy Center has agreed to accept assignment and await payment from your health insurance insurer. If you want your records disclosed to any third party in the future, you will need to obtain and sign our Authorization to Release Protected Health Information form before we will disclose your health information.
- **Appeals Policy.** You understand that you are responsible for filing all appeals of adverse benefit determinations. If you need assistance filing an appeal with your health plan, contact the consumer assistance agency on your denial letter.

**I HAVE READ, UNDERSTAND AND AGREE TO THESE PAYMENT TERMS.**

X \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Patient and/or Guardian**

X \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Provider Representative**

A photocopy of this agreement is to be considered valid, the same as if it was the original.