

CORE SPORTS APPOINTMENT AND FACILITY POLICIES/EXPECTATIONS

To Our Valued Patient,

Thank you for choosing CSPTO as your rehabilitation provider. We are all here to help you swiftly recover to get you back to "da kine." In order for us to provide you with the best possible care, we ask that you **READ** the following statements **CAREFULLY** regarding scheduling and appointments and sign in acknowledgement. If you would like further clarifications, please ask administration.

1. Please schedule as many appointments as possible in order to get the times that are best for you.
2. Please try to avoid missing your appointments. Appointment times are often a premium with other motivated patients wanting to get in at the same time. If need be, please call the clinic to reschedule or cancel your visit **AT LEAST 24 HOURS IN ADVANCE** in order to avoid the **\$25 cancellation fee**.
3. If a patient has 2 no-show or cancellations in a row, or if a patient has inconsistent attendance during any given treatment plan, his/her doctor and corresponding insurance adjustor will be notified and further action may be taken concerning availability of physical therapy and/or massage therapy.
4. **Being late by more than 10 minutes** may require you to reschedule or wait for the next available opening. There are no guarantees of same day reschedules as cancellations are unpredictable. We want to help you with your recovery, but we do not allow appointment overlaps because this undeservedly compromises the care of the subsequent patient.
5. **Estimated copays are due upon arrival.** *COPAYS are the estimated fixed amounts that your insurance company expects you to pay out of pocket for each healthcare service. Your healthcare plan, that you have signed up for, has a certain amount that you pay, and a certain amount that your insurance pays. After the co-pay is made, we bill your insurance company of the services rendered, and based on your health care plan, they will cover all or a portion of it. COINSURANCE is the percentage of costs you pay towards your health care bill. You start paying coinsurance after you have paid your deductible. A DEDUCTIBLE is how much you pay for your health care service before your health insurance pays for anything. For some insurances you may have a copay and coinsurance.*

We reserve the right to charge the individual patient/guarantor for any bounced checks with a \$30 fee.

"It is unlawful to routinely avoid paying your copay, deductible or coinsurance payments... even if your doctor allows it. Unless you complete a 'Financial Hardship' form and qualify for financial assistance under Federal Standards, you may NOT routinely evade paying your responsibility portions for medical care as outlined in your insurance plan even if your doctor allows it. Both parties may be charged for breaking the law. This includes services deemed as 'professional courtesy' and 'TWIP's- Take What Insurance Pays'. Failure to comply places you in violation of the following laws: Federal False Claims Act, Federal Anti-Kickback Statute, Federal Insurance Fraud Laws, and State Insurance Fraud Laws. Failure to comply may result in civil money penalties (CMP) in accordance with the new provision section 1128 A(a) (5) of the Health Insurance Portability and Accountability Act of 1996 [section 231(h) of HIPAA]. Exceptional cases do not apply. For questions please contact: Office of Inspector General, Department of Health and Human Services. Contact by phone: 202-619-1343, by fax: 202-260-8512, by email: paffairs@oig.hhs.gov, by mail: Office of Inspector General, Office of Public Affairs, Department of Health and Human Services, Room 5541 Cohen Building, 333 Independence Avenue, S.W. Washington, D.C. 20201, Joel Schaer, Office of Counsel to the Inspector General, 202-619-0089

6. Children requiring supervision are NOT allowed to attend sessions with you. If any disturbance is caused to other patients or staff members you may be asked to terminate the session early and attend to your child.
7. If you are sick or have a severe cold, we unfortunately are unable to treat you at this time due to the high risk of infecting other patients and staff members. Please recover quickly and we can resume your appointment sessions when you feel better.

Mahalo to both you and your physician for choosing CSPTO!

PATIENT NAME _____ SIGNATURE _____ DATE _____

PARENT GUARDIAN/GUARANTOR (for minors) _____ SIGNATURE _____ DATE _____