



# ***Comprehensive Therapy Services***

Speech Therapy • Occupational Therapy • Physical Therapy

## **Patient Care Agreement**

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

Patient Name: \_\_\_\_\_

Medicaid #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Insured's DOB: \_\_\_\_\_

Group #: \_\_\_\_\_

Policy #: \_\_\_\_\_

Physician: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

### **Comprehensive Therapy Services' Obligations:**

- CTS is committed to provide quality care and assigns therapists to patients based upon the patient's particular needs. If you ever have any complaints or issues please direct them to Lissa Mills, MSPT, CTS Director, or the Pamela Rigopoulos, MA/CCC-SLP, CTS Clinic Administrator.
- CTS will provide services to patients regardless of race, age, disability, sex, nationality or religion.
- CTS strives to ensure a safe and healthy environment for all patients. Any unsafe practices or conditions should be reported to the administrator or director.
- CTS will contact the patient if scheduled appointment has to be cancelled or rescheduled.
- CTS will directly bill insurance companies for which we are providers (and others with previous arrangement). CTS will not provide services until eligibility is verified, a doctor's order is received and preauthorization is received. The patient may be seen as private pay if insurance is denied or if the patient does not want to wait for the predetermination from the insurance company. CTS bills third party payors; the

Patient Name: \_\_\_\_\_

Medicaid Insurance ID #: \_\_\_\_\_

individual therapists do not bill third party payors directly. Please contact the CTS office with any billing questions.

- CTS will inform the patient of any insurance/billing problems or changes.

**Financial Policy:**

- Medicaid/CCP: I understand that in order for CTS to bill Medicaid that any private insurance the patient has must be billed first. Medicaid/CCP will pay 100% once therapy services are approved and eligibility is current.
- Insurance/Private Pay: CTS will directly bill insurance companies for which it is a provider and others on arrangement. The patient is responsible for all copays, deductibles, coinsurance and for payment of any services for which the insurance company does not reimburse. Copays are due at the time of the visit. Fees for private pay patients are due at the time of visit.
- Agency: CTS will bill agency directly for services approved by the agency.  
Agency: \_\_\_\_\_

**Patient/Family Obligations:**

- Patient/family will provide CTS with accurate insurance information and a copy of the insurance card.
- Patient/family will inform CTS of any changes in Medicaid program or private insurance policy.
- Patient/family authorizes CTS to bill the third party payor/payors noted above and to release any necessary information regarding treatment to the third party payor, to the patient's physician and referring agency.
- Patient/family agrees to cancel appointments by 8:00 a.m. of the day of the appointment. A charge may be incurred for cancellations not made in advance.
- Patient/family authorizes CTS to provide the following services based upon physician orders:

\_\_\_\_\_ ST  
 \_\_\_\_\_ OT  
 \_\_\_\_\_ PT

\_\_\_\_\_  
Patient/family Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
CTS Office Staff Signature

\_\_\_\_\_  
Date