

## Orcas Island Physical Therapy, PLLC

PO Box 487, 49 Deye Lane, Eastsound, WA 98245  
Phone 360-376-6604 \*\* Fax 360-376-4059

### **PLEASE, ALL PATIENTS COMPLETE THIS SECTION:**

I consent to treatment and authorize the use of this signature on insurance claims pertinent to physical therapy treatments received at Orcas Island Physical Therapy, PLLC. I understand that, as a courtesy, Orcas Island Physical Therapy, PLLC will bill my insurance company and that I am personally responsible for any co-pays, deductible or balances remaining after insurance consideration.

\_\_\_\_\_  
Signature of Patient or Patient's Representative

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

### **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

We keep a record of the physical therapy services we provide you. You may ask to see these records, copy them or correct them. We will not disclose your records to others unless you direct us to do so, or unless the law authorizes or compels us to do so.

\_\_\_\_\_  
Signature of Patient or Patient's Representative

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

### **MEDICARE PATIENTS PLEASE COMPLETE THIS SECTION, ALSO:**

I request that payment under the medical insurance program be made to Orcas Island Physical Therapy, PLLC for any bills for services furnished to me during the effective period of this authorization and I authorize the above named provider to release to the Social Security Administration, or its intermediaries or carriers, any information needed for this claim or any related Medicare claim. I further permit a copy of this authorization to be used in place of the original.

\_\_\_\_\_  
Signature of Patient or Patient's Representative

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

Effective January 9, 2004, the Centers for Medicare and Medicaid Services (CMS) ruled that Medicare patients are allowed to receive up to 60 days of physical therapy (*beginning with the initial physical therapy visit*) before **they are required to visit their physician for re-evaluation.**

*For example; if the initial visit to Orcas Island Physical Therapy is January 1 and your requested treatments extend beyond 60 days (February 29/March 1) it will mean **you must again be seen by your referring physician and obtain another prescription which will be good for an additional 30 days.***

We encourage you to call your Medicare Part B insurance company if you have any questions or comments regarding this mandate.

Please, sign below to confirm that you understand this.

\_\_\_\_\_  
Signature of Medicare Patient or Patient's Representative

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