



Core Wellness

& PHYSICAL THERAPY

Practice Policies

New Patients

For new patients: If you have one, please bring your valid prescription; plus all of the forms listed on our website. If you do not have the forms filled out prior to your first visit, please come 15 minutes early so that they can be completed before your scheduled appointment time.

Returning Patients

For returning patients, please bring your new prescription if you were referred, and an updated Patient Insurance Worksheet.

Fees/Payment

The fee for a one hour physical therapy Initial Evaluation and treatment is \$175.00. A 55 follow up treatment is \$140.00. The fee for a 30' treatment is \$85.00. The executive level Evaluation is \$200.00, and 165.00 for follow up treatment sessions. A Wellness Evaluation is \$175.00. A 55-minute wellness session is \$95.00. Payment is due in full at the time of each session or in advance for wellness packages. We accept cash, credit cards and checks. Core Wellness & Physical Therapy, LLC reserves the right to charge an additional \$50.00 for each returned check.

Insurance Reimbursement

If you have out-of-network benefits, we will provide an invoice or universal health form (HCFA-1500) to submit to your insurance company for reimbursement. For your convenience, we accept credit cards. We suggest that you contact your health insurance company before your first visit and use our Patient Insurance Worksheet to get the information you need to maximize your out-of-network benefits. The worksheet is provided to help you ask the right questions. It is your responsibility to understand your health insurance coverage, know how to get reimbursed and at what level.

Prescription/Physician Referral

Please bring a current (within 30 days), valid prescription from a licensed physician or nurse practitioner, chiropractor, or dentist. Even though the state of Virginia has direct access to physical therapy, the number of sessions that is allowed without a prescription is unlimited for 14 business days following your initial examination. Additionally, your insurance company will require a prescription before they provide coverage. If Medicare is your insurance provider, we will be happy to recommend clinics that are covered. You also have the option not to submit for reimbursement.

Treatment Sessions

A session typically lasts for one hour. This includes 45 minutes of evaluation/treatment time and 15 minutes for payment and scheduling. Wear or bring clothes are appropriate for exercise and that allow for the torso, arms and legs to be exposed for

assessment (such as shorts, yoga pants or sweat pants and tee-shirt or tank top).

Consent To Treat

The patient hereby consents to the administration of appropriate evaluation and therapeutic procedures as requested by the physician prescribing care and/or via direct access and subsequent approval of the patients primary care provider. The therapist will monitor your progress and adjust treatment frequency and duration according to medical necessity as needed.

Medical Information/Medical Records

We understand that your present and past medical information is personal. We are committed to protecting information about you. We create a record of care and services you receive at Core Wellness & Physical Therapy, LLC that is maintained electronically via WebPT. This allows for us to remain free of paper charts, that are prone to damage, loss, or security concerns. We need these records to provide you with quality care, to comply with legal requirements and to meet your needs for reimbursement. This notice applies to all of the records generated: law to requires us:

- a. Make sure that medical information that identifies you is kept.
- b. Give you this notice of our legal duties and privacy practices with respect to medical information about you.

Newsletter and Contact:

If you supplied an email address, you will be signed up for our email newsletter. This will include updates, news, classes, deals, presentations and the like. If you do not wish to receive these, please initial here

Tardiness

We ask that you arrive on time for your appointments and that you are considerate of the next patient's time when your session ends. If you arrive late your treatment time will be shortened.

Cancellations/No Shows

Please give us 24 hours notice if you are unable to keep your appointment. Failure to give 24 hours notice will result in a \$100.00 charge to your credit card. No shows will also result in a \$100.00 charge.

By signing below, I certify that I have read the above policies, understand and will comply with them. I agree that Core Wellness & Physical Therapy, LLC retains the right to charge my credit card for scheduled appointments missed by lateness, late cancellation or no-show activity, as described above.

Signature of Patient or Guardian:

Date:

Print name:

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