



PATIENT RESPONSIBILITIES & REGISTRATION FORM

HIPAA: Our Notice of Privacy Practices provides information about how we may use and disclose the medical information that we maintain about you. It also explains how you can access this information. By signing, you acknowledge that you have reviewed the Notice of Privacy Practices of Vestibular Therapy Specialists (please read document in portal).

EMERGENCY CONTACT: In case of an emergency, I have authorized Vestibular Therapy Specialists to disclose information and/or review my care with my emergency contact:

Name: _____ Relationship: _____

Phone Number: _____

AUTHORIZATION TO LEAVE PERSONAL HEALTH INFORMATION:

You agree to the following:

- We may provide treatment information about you to the selected emergency contact (s) provided at intake.
- Agree to accept assignment of payment.
- Agree to release medical or other information to process claims.
- We may leave detailed voice messages about your treatment and text appointment reminders on the number provided.
- We may send detailed messages to you by the email address provided at intake.

Prior to your consent to our use of e-mail communications that may contain your health information, we need to advise you that there may be some level of risk that information in an unencrypted email could be read by a third party. We will not be responsible for any unauthorized access of your health information in emails that we send to you.

With my signature below, I acknowledge and understand that this information will be kept in my medical file and the above parameters will be abided by until revoked by me in writing. It is my responsibility to notify my healthcare provider should I change any of my personal information and contact information.

PATIENT RESPONSIBILITIES

Vestibular Therapy Specialists is committed to providing you with the highest quality medical care. Because patients are ultimately responsible for the charges associated with their care, even when insurance is in place, you may find the following information helpful. We realize you have choices for your medical care and appreciate your choosing Vestibular Therapy Specialists.

You can help ensure an efficient experience by assisting with the following:

- Providing us with copies of any pertinent medical records, including tests (MRI/CT scan, EKG, audiogram, x rays, etc.)
- Paying your estimated portion of charges at the time of services.
- Paying any additional amount owed when due.
- Knowing your insurance benefits and limitations.

Ensuring there is an authorization for our providers to treat you if it is required by your insurance, including obtaining a referral.

Completing any required incident/accident forms within 30 days of service.

- Maintaining a current account with Vestibular Therapy Specialists at all times with your mailing address and contact number.
- **Cancellation Policy:**
 - We require 24 hours of notice from appointment start time to cancel or reschedule your appointment or you will ensue a \$120 fee. We ask that you respect the start time of your appointment, and any consistent tardiness may result in the discontinuation of care per the therapist's discretion.
 - If any technical issue occurs with VTS telehealth system, rescheduling of appointments will take place with no charge. Patients are responsible for their own technical support of their device or a \$120 will ensue if the telehealth appointment cannot occur. Please communicate with our office at least 2 hours before the appointment start time for troubleshooting help.
 - FOR TELEHEALTH HELP OR TO CANCEL/MODIFY APPOINTMENTS PLEASE CALL ONLY
Seattle clinic: 206-672-0145 or Bend clinic: 541-639-4598.

Insurance coverage

At this time, we are contracted with the following insurance companies: Regence, Medicare Part B, Premera (excluding Premera Med Advantage Plan) and First Choice Health. When we are contracted, please note that co-payments, co-insurance and deductibles are a contractual

agreement between you and your insurance carrier. We cannot change or negotiate these amounts. Please contact your health plan/insurance carrier if you need further information regarding plan coverage.

If you have Medicare as your primary insurance, in most cases, your secondary insurance pays some or all of the costs left after the primary insurer has paid (e.g., deductibles, copayments, coinsurances). If your primary insurance denies coverage, secondary insurance may or may not pay part of the cost, depending on the insurance. If there are reasons for denial such as being out of network with your primary or secondary insurance, the remaining costs will become patient responsibility.

You understand and agree that Vestibular Therapy Specialists will not always check benefits prior to appointment and that it is you, the patient, responsible to verify if prior authorization or referral is necessary before your first visit.

For "Out of Network" services, you can request a Superbill of your sessions to submit the claims to your insurance companies.

We will collect a credit card upon initial booking to ensure invoices for copayments, missed visits (see cancellation policy) or any unpaid balances that are outstanding. It is the patient's responsibility to cover any services that are charged but insurance does not cover. You agree to these terms when you sign this agreement.

Payment: We accept major credit card/debit cards for payment. We charge \$40 for any returned payment. If you are unable to pay your balance, please contact us to make alternative arrangements prior to your first visit: Seattle clinic: 206-672-0145 or Bend clinic: 541-639-4598.

Patient Name: _____

Patient Signature: _____ Date: _____

I hereby certify that I am the parent, legal guardian or personal representative of the patient and do hereby give my consent and agreement to the foregoing on behalf of this person.

Guardian Signature: _____ Date: _____