



# Texas Back Institute

## INFORMATION FOR OUR PATIENTS CONSENT FOR TREATMENT

Welcome to Texas Back Institute,

It is the policy of Texas Back Institute to file your health insurance as a courtesy and convenience to you. Once you have given us your policy information, we will call your insurance company to verify your physical therapy coverage. Please be advised that the information your insurance company provides to us is only a quote of your benefits and not a guarantee of payment. Our estimation of your financial responsibility (co-pays, percentage due, etc.) is based on the benefits quoted before your claims are submitted to your insurance co-pay. It may be necessary to adjust the amount due once an actual response is received from your insurance company.

In addition, your insurance company has developed maximum fee schedules for rehabilitation and other services. These schedules are internal to your insurance company. These fee schedules are called "usual and customary" benefits. If you do not feel your insurance company has made adequate payment on your account, please contact them to discuss the matter.

As always we will strive to provide you with accurate and current information. However, it is our recommendation that if you have any questions or concerns regarding your insurance coverage that you contact your insurance company directly.

### Durable Medical Equipment (DME):

Payment for any DME that your therapist or doctor provides is expected at the time you receive the item. These items may include, but are not limited to books, theraband, hot packs, cold packs, back pillow supports, SI belts, etc. You may request a copy of the bill and submit it to your insurance company for payment. It is your responsibility to know if these items are reimbursable by your insurance company.

### Cancellation/ No Show Policy:

We respectfully request that if you must cancel an appointment, please call us 24 hours in advance or you could be subject to a \$25.00 cancellation fee. If appointments are not kept, your treatment program may be terminated after the second no-show or third cancellation. This will be documented in your medical record and forwarded to your physician. Thank you for your cooperation and your consideration for your wellbeing, other patients and our staff.

### Consent for Treatment:

During the course of my treatment at the Texas Back Institute (TBI) I, \_\_\_\_\_, understand, consent and agree that I will be seen, evaluated and treated by a qualified healthcare professional. Because TBI is an advanced learning environment, I may be seen by any of TBI's associates. I understand that these associates are fully trained and qualified. I further understand that I may, at any time, refuse evaluation and treatment by the associates without fear of retribution or jeopardy of any healthcare provided to me.

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

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

If the patient is a minor or under legal guardianship:

By my signature as a guardian, I authorize evaluation and medically necessary treatments.

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

Signature of Parent or other legally responsible person (Parent/Guardian)