



Moving Into Harmony
discover ~ integrate ~ evolve

Client Information

First Name	Middle	Last Name	Preferred Name	Date of Birth	Age
Address			City	State	Zip code
Telephone number	{mobile/home/work - best contact}		Email address		

With Email address - We have the highest priority to protect your privacy. Moving Into Harmony, inc. will not share your email address with an individual, a company, an affiliate with Moving Into Harmony, or third party entities including your insurance company. For this reason would you please mark your consent for the following correspondences:

- ☐ **Appointment reminders**
☐ **Announcements for Workshops, Classes & Special Events**
☐ **Newsletters &/or Articles Notifications**

Thank you.

In Case of Emergency, please contact: Name	Best contact telephone number
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Thank you for choosing Moving Into Harmony, inc. We look forward to providing you the best possible services for your health, fitness and wellness needs. Please review the following pages below: consent and payment agreement. We apologize for the lengthy form, and feel it is important for you to know and understand what is available. Please feel free to ask any questions regarding this agreement.

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CONSENT TO TREATMENT

Moving Into Harmony, inc. is a functional movement based hands-on therapeutic clinic. Solutions and services include those under the scope of physical therapy, and others not limited to the scope of physical therapy. The focus on you and your integrated movement and mobility is primary, with:

- ▶ hands-on manual therapy techniques consisting of soft-tissue low force manipulation addressing:
 - ▶ muscle,
 - ▶ fascia (deep & superficial),
 - ▶ skeletal,
 - ▶ neurovascular (circulation),
 - ▶ neurological (cranial-sacral), and
 - ▶ visceral (organs)
- ▶ hands-on instructional guidance with therapeutic exercises and activities based in movement awareness, and
- ▶ programs personalized to your needs for returning to optimal functional capacities in your life.

Because of the focus of care on movement of the whole body, your symptoms may not be the source of your limitations and best route of recovery. Diagnosed musculoskeletal pains, by your health practitioner or another physical therapist, is an entry point to your care, and at Moving Into Harmony, we value the integrated nature of movement in the body that allows you to experience the greatest possible mobility. Thus, some services are outside the scope of physical therapy to address the outcomes you desire. These will be discussed specific to your needs during your care.

As mentioned, not all care offered at Moving Into Harmony is under the scope of physical therapy, and therefore will fall under your health care insurance parameters for rehabilitation (physical therapy) services. It is the decision by this clinic, with your movement and mobility needs the

priority, to provide the best possible services and solutions to you without a contract to any third party resource (the insurance company that you have a policy with). This makes Moving Into Harmony an out-of-network provider for all physical therapy services. It is important you understand your benefits if you choose to utilize your health care insurance benefits (see **Out-of-Network Policy** and **Medicare Policy** below for more information.)

The initial consultation includes testing and measuring movements and functions related to your desired goals and outcomes. There may be some discomfort due to this initial testing, and we will make every effort to lessen the stress and overwhelm you may experience during the initial visit.

During all sessions hands-on treatment techniques require integration for affective change. For best results, movements and exercises will be introduced/reviewed/modified during your session. Please bring clothing you can move easily in for each session.

In addition, the hands-on techniques offered effectively reduce patterns undermining your potential and open doors to greater mobility that help you toward your goals. After care there may be soreness, slight fatigue or shakiness. This may last up to 24 hours, and it is highly suggested you set aside a few hours of light and low demand activity after your scheduled session(s) to minimize protective and stressful compensations that would lessen your recovery and healing potential. Please ask if you have any concerns or questions.

The number of treatments needed and recovery time can vary widely due to the age of injury, number of times injured, age of patient and many other contributing factors. With findings from the initial interview and assessment, a discussion of findings and suggested plan of care that best meets your outcome desires and needs is offered. It is important you understand the best outcomes come from your consistent participation and attendance to the plan, and to practicing the exercise and movement home program developed specifically to your plan.

Please know you can discontinue your care at any time, with a declaration, in writing or in person, that I need to discontinue my therapeutic services at Moving Into Harmony.

I have read and fully understand the above statements. I understand the nature of the treatments at Moving Into Harmony, inc. and I authorize the therapist, Shawn M. Flot, MPT to provide therapeutic solutions and services deemed necessary for my safe and effective recovery, and meeting my desired outcomes.

Signature:_____ Date:_____.

PAYMENT AGREEMENT

Before services are offered, please sign indicating you have read, understand and agree to the following payment policies, cancellation policy and privacy rights.

You agree to be financially responsible for all charges regardless of any applicable insurance or benefit payments, third-party interest (including and not limited to personal injury claims), or the resolution of any legal action or lawsuits in which you may be involved.

Signature:_____ Date:_____.

Out-of-Network Policy -

- Moving Into Harmony, inc. is a fee-for-service clinic. This means that Moving Into Harmony, inc. is a “out-of-network” provider of physical therapy services with private health insurance plans. Payment is due at the time of service and we do not bill your insurance company.
- We can, upon request, provide receipts/paid invoice with the necessary information you need if you want documentation for a health spending account, or tax-related expenses, or if you want to personally submit to your private insurance company. Such

receipts cannot be made available if you are a Medicare beneficiary (see **Medicare Policy** below).

- We accept cash, personal checks, and credit cards.

Medicare Policy -

- If you are a Medicare beneficiary, you understand that our licensed physical therapists are not enrolled as participating Medicare providers. Medicare has onerous technical and administrative requirements that must be met for services to be considered medically necessary covered benefits. We believe those requirements take unnecessary time away from the services we provide. Since the documentation and administrative processing of our services are not designed to meet Medicare's covered benefit requirements and we are not Medicare enrolled providers, our services will not be covered (paid) in full or in part, by Medicare (including Medicare Advantage Plans) even if the same services might be considered covered benefits when provided by a participating Medicare enrolled provider.
- We are not able to submit claims to Medicare on your behalf or provide you with a statement or billing codes that you can submit to Medicare yourself. If you want Medicare to pay for any services that might be considered covered benefits, you should seek those services from a participating Medicare enrolled provider.
- By choosing to receive our services after being fully informed of these facts, you are agreeing, of your own free will, that you do not want Medicare involved in payment for your services at Moving Into Harmony, inc. You agree to pay privately for the services you receive from us even if those services might be covered by Medicare if provided by a participating Medicare enrolled provider.
- You also understand that since we are not enrolled as participating Medicare providers and our documentation and administrative processes do not meet the technical requirements

for Medicare to cover the services we provide, our services are not subject to Medicare's maximum allowable charge.

- You agree that you, your caregivers, family members, authorized representatives or power of attorney will not, under any circumstance, submit our claims, invoices, receipts, statements, or treatment notes to Medicare, a Medicare Advantage Plan, or to any primary-payer private insurance for reimbursement or to obtain a denial for a Medicare supplemental insurance plan.

Cancellation Policy -

As a consideration for your care, and a courtesy to your therapist and to other clients wanting care, **we require a minimum 24-hour notice for cancellations; more is greatly appreciated. A \$75 fee will be billed upon violation of this policy.** *Only emergencies or illnesses are excusable.*

Privacy Rights -

You have a right to privacy under the Health Insurance Portability and Accountability Act (HIPAA) that includes restricting disclosure of your records and claims to your health plan, including Medicare, if you pay privately for your services at the time of service. By paying for your services at the time of service, we assume you are exercising this right to privacy and we will not disclose your medical records to any third party, including your health care practitioner, an attorney, your health insurance carrier or Medicare. If you want your records disclosed to any third party in the future, you will need to obtain and sign our **Disclosure to Release Protected Health Information** form before we will disclose any of your health information.

Thank you for filling out this Policies & Procedures - Consent to Treatment and Payment Agreement form. If you have any questions now, or any time during your care at Moving Into Harmony, inc. about this form please ask. We look forward to being your premier therapy, fitness and wellness provider for the outcomes you desire.