

Integrative PT Cancellation Policy:

Patients who cancel with fewer than 24 business hours notice will be charged a \$50 cancellation fee. For example, you must call by Friday at 3:00 pm to cancel a Monday 3:00 pm appointment.

The two exceptions to the 24 business hours rule are snow (leading to dangerous driving conditions) and illness (especially if contagious to avoid contamination of the treatment area).

Payment Policy:

Payment is due at the time of service. Cash, checks and credit/debit cards are accepted. A 2.75% convenience fee will be added to all card transactions.

Medicare Benefit Policy:

Physical therapists cannot opt out of the Medicare program at this time. As a result, I cannot provide covered physical therapy services to Medicare patients. However, there are two exceptions to this rule:

1. I can provide services to Medicare patients that are otherwise not covered such as wellness, prevention, and fitness.
2. If a Medicare patient “refuses, of his/her own free will, to authorize the submission of a bill to Medicare” (section 40, chapter 15 of the Medicare Benefit Policy Manual), I can accept self-payment for physical therapy services.

If you meet one of the two conditions above and want to come see me, I will be asking you to sign an agreement that states neither you nor I will send claims to any 3rd party payor (Medicare and all secondary insurances) and you will not allow anyone else to send claims on your behalf.

Your Privacy Rights:

Linda's HIPAA Notice of Privacy Practices

As your physical therapist, I believe your right to privacy is a fundamental part of your treatment and as such, I want you to understand my privacy practices and procedures. Should you have any questions regarding these policies please ask.

Information I collect about you: I collect personal information about you as part of the registration process, during the course of your care, and from other health care entities you utilize such as hospitals, physicians/specialists, and imaging facilities. This personal information includes items such as your name, address, phone number, email address, date of birth, employer, health history, and any other information you provide.

How your information is used: The personal and health information gathered may be used and disclosed with your general consent for the following purposes: treatment, securing payment, health care operations, appointment reminders, as required by law, to avert a serious threat to health or safety, to military command authorities, to law enforcement, for public health risks, for workmen's compensation, as ordered by a court, to coroners, and to national security agencies.

Your rights regarding your privacy: You have the right to inspect, copy (copying fees apply), and amend your health information. You have the right to request a reasonable restriction or limitation on the health information I use or disclose about you for treatment, payment, or health care operations. You have the right to request confidential communication. All of the above requests must be made in writing and submitted to Oberdorfer Consulting (dba Integrative Physical Therapy). I will accommodate all reasonable requests. If you feel your privacy has been violated, you have the right to file a complaint with the Department of Health and Human Services. The complaint in no way influences your course of treatment with Integrative Physical Therapy.

Acknowledgement of Receipt of this Notice: I am required to supply you with a copy of this privacy policy and your signature on the consent form acknowledges that you have received it.

505.228.5358
2625 Pennsylvania NE, Suite 750
Albuquerque NM, 87110
Linda@OberdorferPT.com