



185 Commons Loop, Suite D
Kalispell, MT 59901
P: 406.314.6060
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TrueNorthHandandOrtho.com

Client consent, Assignment of Benefits and Financial Responsibility

Client Consent and Use and Disclosure of Protected Health Information

I, the undersigned, voluntarily consent for treatment by the practitioners and staff of TrueNorth Upper Extremity and Orthopedic Specialists, LLC (TrueNorth), including the performance of testing and application of treatment procedures, as ordered or deemed necessary in the exercise of their professional judgment. I understand that by returning for treatment I am providing ongoing consent for treatment. I also understand that while therapy is beneficial for most people and many conditions, on occasion no benefit is received and on rare occasions worsening of a condition may occur. Voluntary consent to the use and disclosure of my protected health information (PHI) for treatment, payment, and operations and other purposes that are permitted under the federal Health Insurance Portability and Accountability Act (HIPAA) is provided without a written authorization.

I understand that in cases of disclosure of threats to harm myself or others, or instances of past or present child neglect or abuse, disclosure and/or mandated reporting may follow in accordance with state and federal laws. I acknowledge I have been offered the Notice of Privacy Practices, which contains additional information about the use of my PHI.

I accept that any of my medical records provided to me by TrueNorth are now my property and I am responsible for their safekeeping and they are no longer covered by HIPAA.

Unless written notice is received to revoke, TrueNorth Upper Extremity and Orthopedic Specialists may call me, leave a voicemail, or send appointment reminders via phone, text or email at:

- Phone # _____
- Text # _____
- E-mail _____

Assignment of Benefits/Financial Responsibility

I understand that I am responsible for paying the full amount for all services rendered on my behalf for which a charge is associated. As a courtesy we will file insurance claims with your carrier on your behalf. Your insurance company, in lieu of reimbursing you directly, will pay TrueNorth any benefits for services provided. The insurance carrier may pay less than the actual bill for services and you may be responsible for payment of the remaining balance. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We are in network with some but not all insurance carriers and accept assignments from some but not all insurance plans. Please ask us if you desire more specific information. TrueNorth may also use supplies in the course of your treatment that are not billable to your insurance company and for which you may be asked to pay. Copays, co-insurance, deductibles and self-pay fees are due at the time of treatment. I also agree to be responsible for the payment of any fees or expenses related to the collection of payment for services rendered.

In the event this is a Worker's Compensation based claim and your claim is not accepted, I agree to be personally responsible for all charges incurred. Regarding Workers Compensation or Personal Injury Protection (PIP) claims, if you retain an attorney you are required to provide us with your attorney's information and agree to the following:

- I will authorize and direct my attorney to pay directly to TrueNorth any balances due for services rendered, to you the client, as a result of your accident or injury, and to withhold such sums as may be necessary to pay TrueNorth.
- I will notify TrueNorth if I change or discharge my attorney and agree to promptly pay any balance due TrueNorth if a settlement, award, or a verdict is reached.
- I acknowledge that TrueNorth will not pay and is not responsible for any attorney's fees, expenses, or costs in connection with my accident or injury claim or action.



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- I understand that TrueNorth is required to bill my PIP carrier for services regardless of who was at fault for the accident. If your PIP coverage is exhausted or refuses to pay we will bill your health insurance company.
- If your PIP or private health insurance fails to provide payment to TrueNorth, we will file a medical lien with the other drivers, or responsible parties, insurance company for any balance over \$1500. If a lien is filed we will allow you to carry a maximum balance of \$3000. A lien fee in the amount of \$150 will be charged to your account annually from the date of lien filing.

Accounts on which contact information has not been maintained or updated or on which there is no active effort to pay the balance due may be referred to an attorney or collection agency and you will be responsible to pay any fees associated with the collection of your outstanding balance.

No Show and Cancellation Policy

We understand that occasionally events outside of your control will require you to cancel or reschedule an appointment. We request 24 hours notice as a courtesy to cancel an appointment. This will assist us in filling your appointment time with another client who needs our services. Failure to provide 24 hours notice will result in a \$25 fee payable prior to being seen for your next visit. This fee is not billable to your insurance company. If you incur more than two no shows or late cancellations your remaining appointments will be canceled and you will be allowed to book only one appointment at a time. You may also be asked to pre-pay for your appointments. We strive to provide timely care but in the interest of providing the best possible care to clients we may occasionally have to extend a session beyond its scheduled length. If this occurs and your appointment is delayed, please accept our apologies in advance. Please know that the same courtesy will be extended to you should the need arise. We also understand that due to circumstances outside of your control you may also be a few minutes late to an appointment on rare occasions. If you are going to be more than 15' late please call us to see if we can still see you or if we need to reschedule your appointment to another time.

Overview

We look forward to working with you and providing expert, evidence-based care to help you achieve your goals. If you have concerns regarding your treatment or care please talk to us directly. Some conditions are inherently painful and require treatment that can also be uncomfortable. Please know we will try to minimize this to the greatest extent possible. We have found that the best outcomes are achieved when you, the client, clearly express your goals for treatment, expectations and concerns to your therapist so that we can assist you in meeting your goals. We have helped thousands of people improve their function and their lives and look forward to teaming with you on your journey to recovery.

Thank you for choosing TrueNorth Upper Extremity and Orthopedic Specialists to be your therapy provider!

I have read the above form and policies and agree to the terms stated.

Client Name - printed

Client signature

Date

Parent or Legal Guardian Signature for Minor