



Mary Katherine Bergman PT, DPT
Owner, Physical Therapist & Nutritionist

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Policies & Procedures for Physical Therapy Services

Welcome to MK Physical Therapy & Wellness!

Thank you for choosing us for your physical therapy needs. We will provide you with one-on-one physical therapy treatment coupled with an excellent wellness component that allows us to take a full body approach to your recovery process.

FORMS

Now that you have scheduled your first appointment, please fill out the patient intake form that will be emailed to you. Please fill out this form by your first appointment. Please call (432)360-2500 if you have any questions.

In addition, you will receive a separate "Patient Profile Invitation" via email from "WebPT", our secure patient portal provider. Please complete the patient profile online and submit prior to your first appointment, along with the additional paperwork. Please review, initial and sign these forms. If you do not have online capability, print the completed forms and bring with you to your first appointment, along with the completed patient intake form.

NOTICE OF PRIVACY POLICIES & PROCEDURES

We strive to comply with all federal and state medical privacy laws, which require us to protect the confidentiality and privacy of your records and personal information. We have implemented privacy policies and procedures to ensure compliance with these requirements. This information is summarized on our Notice of Privacy Practice. We have offered this Notice and it is available on our website and upon request. Please ask if you have questions about how we protect your privacy.

PAYMENT

We are not contracted with any private insurance company. This means that we do not accept or bill private insurance on your behalf for our services. This also means that as a condition of us providing services to you, you agree to pay us the full amount of the services that we provide at the time of your appointment, but you may use a Health Savings Account. Upon request, we will provide you with the necessary documentation, so that you may submit a claim on your own to your private insurance. We do not directly submit claims or communicate with private insurers.

Please check with your insurance prior to your appointment. Although rare, in some cases, your insurance company may not cover our services. We accept most forms of payment including cash, check, HSA cards, credit, and debit cards. Please make checks payable to MK Physical Therapy & Wellness, LLC.

INDEMNIFICATION & ASSUMPTION OF RISK

As a condition of receiving physical therapy services, you agree to indemnify us against all claims, liabilities, losses, damages, suits, costs, and expenses (including reasonable attorney's fees) relating to our physical therapy services to you, unless such a claim is caused by our gross negligence or willful misconduct.

The terms of this indemnification and assumption of risk policy shall survive the expiration date of any treatment.

MEDICARE

The named claimant is under our care for medically necessary physical therapy services. The claimant was notified in advance that we are not enrolled as a Medicare provider and are out of network with ALL health plans. Since we are not enrolled as a Medicare provider, these claims have not and cannot be submitted to Medicare or supplemental insurance companies. Please sign below stating that you refuse, of your own free will, to authorize the submission of a bill to Medicare or any supplemental insurance company for services with MK Physical Therapy & Wellness, LLC.

ACKNOWLEDGEMENT & AGREEMENT

I, the undersigned, hereby acknowledge and agree that:

- I have completely read and understand this document and have provided truthful information.
- I am bound by these policies and procedures.
- I shall indemnify MK Physical Therapy & Wellness, LLC, and its providers
- I voluntarily assume all risks of treatment.
- The physical therapist will explain services and treatments that I will receive, as well as their material risks and benefits.
- I agree and acknowledge that treatment and services may not have the results that I expect or desire.
- I agree and acknowledge that physical therapy is not an exact science, and I have not been given any guarantees about treatment.

By signing below, as the patient, I acknowledge that I have been given a copy of, or an opportunity to, read the patient's Notice of Privacy Practices.

**If you are a minor (under 18 years old), please ask your parent or guardian to review this document and sign below. I, the undersigned, am the parent or guardian of the above referenced patient. I have reviewed this document and agree to be bound by it on my behalf and on behalf of the patient.

Signature: _____ **Date:** _____

If you have any questions about this document, please feel free to call us at (432) 360-2500.

Thank you again for choosing MK Physical Therapy & Wellness. We look forward to helping you achieve your health and wellness goals.

Mary Katherine Bergman, PT, DPT