



OFFICE POLICIES & PROCEDURES

Welcome to North Star Manual Therapy, Inc. We want your visit to be beneficial and enjoyable. Please be patient. Our therapists make every effort to stay on time, but sometimes this is difficult due to the special nature and care we give each client.

The state of Texas Physical Therapy Board requires patients to have a written referral from a licensed medical person (MD, DO, DC, DDS, DPM, ANP, PA). It is your responsibility to obtain and maintain a current referral prior to and during your treatment.

As a courtesy to others and our therapists, we require a 24-hour cancellation notice. This allows others on waiting lists to be seen. We will make reminder calls on the day prior to your appointment, but it is always your responsibility to remember your time and day. Only emergencies or illnesses are excusable. A fee equal to your treatment will be billed.

PAYMENT/BILLING POLICIES

North Star Manual Therapy, Inc is a fee for service clinic. This means that payment is due at time services are rendered. We are not in any insurance network and do not file insurance claims out of our office; however, we do provide you a receipt with diagnosis and treatment codes for you to submit to your insurance company for possible reimbursement. If further reports or documentation is requested, this will be provided at a nominal fee. We accept cash, personal checks, Visa, Mastercard, Discover, & CareCredit. Medicare will not pay for services rendered at North Star Manual Therapy. If your insurance company reimburses our clinic, these monies will be returned to them and a new check must be cut to you personally.

We are available for after hours and weekend visits at an additional cost. Supplies and additional items are also at additional costs. Please clarify prior to checkout if you have any questions regarding charges or fees.

In cases of divorced parents, the parent bringing the child to the appointment will be deemed the responsible parent and must pay at that time. Our office *will not* become involved in custody disputes over which parent is financially responsible for the child.

CONSENT TO TREATMENT

North Star Manual Therapy is a hands-on Physical Therapy clinic. My practice, although quite specialized, consists of manual therapy techniques and treatment forms that are published or otherwise publicly known. This means that forms of ultrasound, electrical stimulation, traction, deep tissue massage, therapeutic exercise programs, gait training, neuromuscular re-education, craniosacral therapy, myofascial release, bone and soft tissue manipulation, as well as other treatment modalities may be used. Some of the hands-on treatment techniques used require deep fascial alignment which may cause bruising and periods of increased soreness which may last from 1-72 hours. Symptoms may also change to other parts of the body. This is not unusual and is rarely a concern, however, please do ask if you have any concerns or questions.

The number of treatments and recovery time can vary due to the age of injury, number of times injured, treated with ultrasound/cortisone, age of patient and other contributing factors.

I have read and fully understand the above statements. I understand the nature of the treatments at North Star Manual Therapy, Inc and have had all of my questions answered. I authorize Brent Voth, M.A., P.T. and/or Jeff Freeman, M.S., P.T. and the fully trained staff to use treatment techniques as deemed necessary for my safe and effective recovery.

I have read and completely understand the above written statements.

X _____ Date _____
 Signature of patient/legal guardian

I also understand that Medicare will not reimburse for services rendered at North Star Manual Therapy, Inc.

X _____ Date _____
 Signature of patient