

NO-SHOW CANCELLATION POLICY

Dear Patients:

At Probility Therapy Services, we truly value our patients' time, just as we hope that you value ours. Whenever a patient does not appear for a scheduled appointment, everyone is affected – you do not receive the treatment that was needed and a treatment spot goes unutilized that another patient could have benefited from. To avoid this, Probility adheres to a strict no-show cancellation policy. A cancellation or no-show is documented when the following occurs:

- 1) The patient cancels or does not show up for their appointment without giving 24 hours notice of their scheduled appointment and
- 2) The patient does not reschedule their appointment within the same week.

Please make every effort to provide at least 24 hours notice if an appointment must be missed.

Patients will be given the chance to reschedule one appointment (when they give less than 24 hours notice) each week. Any more than that in a given week will be classified as a cancellation or no-show.

In the event of three cancellations or no-shows within 30 days, the patient will be charged a fee of \$25.00. The patient will continue to be charged for each additional cancellation or no-show thereafter. If a patient demonstrates a habitual record of cancellations/no-shows (classified as four cancellations or no-shows within 30 days, or six within 60 days), they will no longer be able to schedule appointments in advance. A patient may, however, still call to schedule a same day appointment. In some cases, patients will be discharged if they have a record of too many cancellations or no-shows.

We understand unexpected conflicts can occur and that your lives are as busy as ours. We strive to work together with you to fit your schedules. Thank you for your understanding and cooperation.

Sincerely,



Patrick Hoban
PT, MS, ATC, FF-CIMT
President
Probility Therapy Services

NOTICE OF BILLING DEPARTMENT POLICIES

Dear Patient:

At Probility Therapy Services, we take pride in our personalized and comprehensive treatment practices. On average, sessions last between 60 and 90 minutes and include one-on-one time with your therapist. Most treatments will consist of hands on techniques called manual therapy, exercises for strengthening and stretching (known as therapeutic exercise), as well as certain modalities such as electrical stimulation, ultrasound or traction.

Throughout your treatment, we make every effort to provide clear and open communication regarding your care and the bills you will receive. The charges you will see on your Explanation of Benefits may vary at times and is largely dependent upon the amount of time you spend in the clinic and the types of treatments you receive.

EXPLANATION OF BILLING PROCESS

- Our billing department bills your visits (also known as claims) the day after you receive treatment. It can take approximately 14 to 60 days for your claims to get processed by your insurance company.
- Once your claims are processed, your insurance company will send both you and Probility Therapy Services their determination. If there is a patient responsibility listed on your Explanation of Benefits, this amount will be billed to you by Probility Therapy Services. Statements are mailed out once a balance has been accrued on a monthly basis.
- You will have 30 days from the billing date to pay the balance in full. Failure to meet your financial responsibility may result in collection or legal action. Accounts that are more than 60 days past due may be turned over to a collection agency and will incur a \$20 processing fee.

If you have any questions regarding the billing of your claims, please feel free to call our billing department at (734) 619-0193. They are available on Mondays, Wednesdays and Thursdays.

Sincerely,



Patrick Hoban
PT, MS, ATC, FF-CIMT
President
Probility Therapy Services

NOTICE OF PATIENT INFORMATION PRACTICES

This notice describes how medical information about you may be used or disclosed and how you can obtain access to this information. Please review it carefully.

PROBILITY THERAPY SERVICES LEGAL DUTY

Probility Therapy Services is required by law to protect the privacy of your personal health information, provide this notice about our information practices, and follow the information practices that are described herein.

USE AND DISCLOSURES OF HEALTH INFORMATION

Probility Therapy Services uses your personal health information primarily for treatment, obtaining payment for treatment, conducting internal administrative activities, and evaluating the quality of care that we provide. For example, we may use your personal health information to contact you to provide appointment reminders and/or questions regarding missed appointments, information about your account status, or information about treatment alternatives or other health related benefits that could be of interest to you.

Probility Therapy Services may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies (information will not include patient names or social security numbers). You may request, in writing, to restrict disclosure of your personal health information to a health plan if you are qualified and elect to pay out-of-pocket and in full for all costs of evaluation and treatment by Probility Therapy Services. We also provide information when required by law.

In any other situation, Probility Therapy Services's policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason you may later revoke that authorization to stop future disclosures at any time.

Probility Therapy Services may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in a common area of our office. You may also request an updated copy of our Notice of Information Practices at any time.

PATIENT'S INDIVIDUAL RIGHTS

You have the right to review or obtain an electronic or hard copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reason other than treatment, payment, or other related administrative purposes.

You may also request in writing that we not use or disclose your personal health information for treatment, payment, and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. As stated previously, you may request, in writing, to restrict disclosure of your personal health information to a health plan if you are qualified and elect to pay out-of-pocket and in full for all costs of evaluation and treatment by Probility Therapy Services. Probility Therapy Services will consider all such requests on a case-by-case basis, but the Company is not legally required to accept them.

CONCERNS AND COMPLAINTS

If you are concerned that Probility Therapy Services may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our office at the address above. You may also send a written complaint to the U.S. Department of Health and Human Services.