ALASKA HAND REHABILITATION
THERAPY FOR THE SHOULDER, ARM & HAND

4015 Lake Otis Parkway Suite 200
Anchorage, AK 99508
www.akhandrehab.com
P: 907.563.8318
F: 907.563.3472

Financial and Cancellation Policies

Thank you for choosing Alaska Hand Rehabilitation, Inc as your healthcare provider. We are committed to helping you achieve your therapy goals. The following is a statement of our financial and cancellation policy, please read this policy in full and notify our office if you have any questions or concerns.

Payment: Payment for deductibles, co-insurances, copays, and other out-of-pocket costs is required at the time of service. Statements received via mail must be paid in full within 30 days of receipt. You must call our office to update your phone number or address in the event of a change. If the full account balance cannot be paid within 30 days, you must enroll in a payment plan with a minimum payment that is no less than 10% of the total account balance. FSA and HSA payment cards may be used to remit payment at the time of service, but may not be used for payment plans. Payment may be remitted via cash, check, credit card, or debit card. There is a $25.00 fee for returned checks.

Delinquent Accounts: If the minimum payment (10% of the total account balance) is not made for 90 consecutive days, your account will be considered delinquent. Delinquent accounts will be referred to Cornerstone Collections Agency. You must pay any delinquent account balances in full prior to returning to our office for treatment. In the event that you are unable to pay, we ask that you call our office as soon as possible to arrange a payment plan.

Self-Pay Patients: A 10% discount is offered to self-pay patients only when the patient pays in full at the time of service and does not maintain or disclose a health insurance policy as part of a PPO network.

Estimates: You will be provided with an estimate of the anticipated charges of your care upon request. Please do not hesitate to ask for more information. Estimates are not a guarantee of cost and your final bill may be greater than the estimate if alternative or additional services are rendered. Estimates provided are based on clinical and administrative information available at the time the estimate is drafted. Information regarding insurance coverage is obtained as a courtesy and is not a guarantee of benefits. Benefits are determined by your insurance company at the time the claim is processed. Below are codes commonly billed by Alaska Hand Rehabilitation, Inc. A detailed estimate and/or additional information regarding codes and pricing are available upon request.

Billing Services and Discounts: We are assisted with all claims and billing by a third-party billing company, Clinicient. Any claims with dates of service after June 1st, 2018 will be processed by Clinicient. Their contact information is available on patient statements or upon request. Alaska Hand Rehabilitation, Inc. maintains contracts with Preferred Provider Organizations and must bill for all services rendered. If billing insurance, discounts of any kind are contractually prohibited and will not be given.

Insurance Benefits: Alaska Hand Rehabilitation, Inc will provide a summary of your insurance benefits as a courtesy. This summary is based on information obtained from your insurance company via an automated phone system, representative, or online portal. This summary is an estimate and does not guarantee coverage or benefits. You are responsible for verifying your insurance benefits and insurance coverage. Please notify the front desk immediately if there is any change to your insurance coverage or benefits. You are ultimately financially responsible for any and all charges on your account, regardless of non-payment by insurance due to non-covered benefits, deductibles, co-payments, “usual and customary” charges.

Private Insurance: Your insurance policy is a contract between you and your insurance company. We have agreed to bill your insurance company, primary and secondary, as long as you provide correct and complete information and respond to insurance inquiries immediately. Deductibles and services/supplies not covered are to be paid in full at the time of your appointment. Coinsurance or co-payment amounts are required to be paid at each visit unless prior arrangements are made. Statements will be mailed to the address you have provided for any and all balances.

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Worker's Compensation Claims: If your injury is covered under an open and billable worker's compensation claim, we will bill the worker's compensation insurer so long as treatment is authorized and we are provided with all necessary information. If you begin treatment prior to worker's compensation authorization and your claim is not accepted, you will be responsible for payment. If your claim becomes controverted (disputed or denied), you will notify us immediately and be financially responsible for any unpaid dates of service, as well as continued treatment. If you request services or supplies that exceed insurance authorization or State of Alaska standards of treatment, you agree to pay for this treatment, as private insurance cannot be billed.

Medicare and Medicaid: We accept assignment of benefits. Please be aware that some of the services provided may not be covered and may not be considered reasonable and necessary under the Medicare and Medicaid Programs. You will be given the option to pay for non-reimbursable services out of pocket or to request that your therapist exclude these services from your treatment. If you choose to proceed with non-reimbursable services, payment is due at the time of service. For patients with Medicare, you may be responsible for a deductible or coinsurance amount, in which case a statement will be mailed to you.

TriCare or VA Coverage: We are proud to serve service members and their families. TriCare and the VA require authorization before services can be rendered. Services rendered without authorization will not be covered by TriCare or VA insurance. We may ask for your assistance in contacting your insurer to request authorization or to correct errors in authorization. If you are approaching your benefit limit or require treatment or supplies not previously authorized, please notify the front desk so that we may attempt to obtain authorization.

Supplies and Equipment: Some supplies and equipment recommended during therapy, such as kinesiology tape and exercise equipment, are not routinely covered by insurance. In order to keep costs low and maintain accessibility for all patients, we do not bill these items and payment is due at the time the item is provided.

Scent Free Policy: Out of consideration for those with allergies, sensitivities, or asthma, our office is scent free. Please refrain from wearing perfume, cologne, or other highly scented products to your appointments.

Cancellations: When you schedule an appointment with us, we set aside enough time to provide you with the highest quality care. Should you need to cancel or rescheduled an appointment please contact our office as soon as possible, and no later than 24 hours prior to your scheduled appointment. This gives us time to schedule other patients who may be waiting for an appointment.

No Shows: Any appointment that is not cancelled before the appointment start time and not attended by the patient will be considered a no show. Any patient who no shows for an appointment more than one time in a twelve-month period will incur a $50.00 no show fee for each subsequent no show event. This fee is the patient's responsibility and may not be billed to insurance. Once incurred, this fee is due at the time of the patient's next visit. For patients that no show three or more times, we may need to discontinue care.

Late Arrival: In order to provide the best care possible, it is important that patients arrive on time to each appointment. Established patients who arrive more than 15 minutes after their scheduled appointment time will be rescheduled.

Scheduling: Patients are encouraged to schedule as far in advance as possible, up to the duration of their treatment plan. We can best accommodate scheduling preferences when appointments are booked several weeks in advance. Last minute scheduling is based on availability and cannot be guaranteed. Patients may request to be placed on a waitlist if the time or day they prefer is unavailable at the time of scheduling. Waitlisted patients will be called as soon as a cancellation occurs and will have one hour to respond before the appointment is offered to the next individual on the waitlist.

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HIPAA Omnibus Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can access this information. This notice of privacy practices is not an authorization. This notice of privacy practices describes how we, our business associates and their subcontractors, may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Protected health information (PHI) is information about you, including demographic information that may identify you and that relates to your past, present, or future physical or mental health condition and related health care services.

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your healthcare bills, to support the operation of the physician's practice, and any other use required by law.

- **Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician to whom, or by whom you have been referred, DME vendors, surgery centers/hospitals, referring physicians, family practitioner, home health providers, laboratories, workers compensation adjusters and nurse case managers, etc. to ensure that the healthcare provider has the necessary information to diagnose or treat you.
- **Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining pre-approval for occupational or physical therapy visits may require that your relevant protected health information be disclosed to the health plan to obtain approval for the procedure.
- **Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of your therapists' practice. These activities include, but are not limited to, quality assessment, employee review, training of occupational therapy students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to occupational therapy students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your therapist is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you. We may use or disclose your protected health information in the following situations without your authorization. These situations include: as required by law, public health issues as required by law, communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, coroners, funeral directors, organ donation, research, criminal activity, military activity and national security, workers' compensation, inmates and other required uses and disclosures. Under the law, we must make disclosures to you upon your request. Under the law, we must also disclose your protected health information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164.500.

Uses and Disclosures that Require Your Authorization

Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object unless required by law. Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes. We may not sell your protected health information without your authorization. We may not use or disclose most psychotherapy notes contained in your protected health information. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes. You may revoke the authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

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Your Rights

The following are statements of your rights with respect to your protected health information.

- **You have the right to inspect and copy your protected health information (fees may apply)—** Pursuant to your written request, you have the right to inspect or copy your protected health information whether in paper or electronic format. Under federal law, however, you may not inspect or copy the following records: Psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, protected health information restricted by law, information that is related to medical research in which you have agreed to participate, information whose disclosure may result in harm or injury to you or to another person, or information that was obtained under a promise of confidentiality.
- **You have the right to request a restriction of your protected health information—**This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to your requested restriction except if you request that the physician not disclose protected health information to your health plan with respect to healthcare for which you have paid in full out of pocket.
- **You have the right to request to receive confidential communications—**You have the right to request confidential communication from us by alternative means or at an alternative location. You have the right to obtain a paper copy this notice from us, upon request, even if you have agreed to accept this notice alternatively, i.e. electronically.
- **You have the right to request an amendment to your protected health information—**If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal
- **You have the right to receive an accounting of certain disclosures—**You have the right to receive an accounting of disclosures, paper or electronic, except for disclosures: pursuant to an authorization, for purposes of treatment, payment, healthcare operations; required by law, that occurred prior to April 14 2003 or six years prior to the date of the request.
- **You have the right to receive notice of a breach.** We will notify you if your unsecured protected health information has been breached.
- **You have the right to obtain a paper copy of this notice** from us even if you have agreed to receive the notice electronically. We reserve the right to change the terms of this notice and we will notify you of such changes on the following appointment. We will also make available copies of our new notice if you wish to obtain one.
- **You may complain to us or to the Secretary of Health and Human Services** if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our HIPAA Compliance Officer of your complaint. We will not retaliate against you for filing a complaint.

Additional Information

HIPAA Compliance Officer: Jean Keckhut, (907) 563-8318

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. We are also required to abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak to our HIPAA Compliance Officer in person or by phone at our main phone number.

OCR Section 1557 Notice of Nondiscrimination: Alaska Hand Rehabilitation complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.