

411 West Main Street, Suite 3 Northborough, MA 01532

p: 508-393-9000 f: 508-393-9525 e: info@flahertyphysicaltherapy.com w: www.flahertyphysicaltherapy.com

Telehealth Consent

I acknowledge that in receiving my physical therapy intervention via telemedicine, my therapist will be able to see into my home/environment including but not limited to seeing any additional home visitors and dwellers that may be onsite at the time of the visit. I am aware that the therapist will not be responsible for anyone in my home/environment that may witness or overhear the treatment as it is occurring. In-person attendance is ideal for my recovery, but given the current Pandemic, it is my choice to utilize telemedicine in-lieu of in-person treatment to minimize decline in my recovery and insure I am guided forward by the skilled and licensed Physical Therapist.

Patient Signature	Date

Telehealth Financial Statement

Flaherty Physical Therapy, Inc. is operating under the assumption that insurance companies will temporarily update their restrictions and reimburse for the telehealth PT services which would mandate that we collect Co-Pays, Co-Insurance, and deductibles at the time of service as usual, unless otherwise waived by the insurance company themselves.

I will pay my customary plan requirements at the time of service and authorize charging my credit card for the amount as indicated.

Choose 1:

o I authorize Flaherty Physical Therapy to keep my payment information on file within the secure Medical Records system and email me the date and amount charged at the time of each payment. The initial payment will not be charged for 7 days as we wait to hear how payers are adjusting their policies.

o I do not authorize Flaherty Physical Therapy to keep my payment information on file within the secure Medical Records system, so I will offer this information over the phone at the start of each session and the front office will email me the date and amount charged at the time of each payment. The payment will be charged at the time of service, but I will be refunded if co-payments for my insurance are waived after the fact.

I acknowledge that once processed by my insurance, if Telehealth treatments for PT are not covered services for my condition, the management of Flaherty PT have decided to make the first call a free call, but then we would attempt to pursue proper billing for any subsequent calls.

Patient Signature	Date