



NOTICE of PATIENT APPOINTMENT and BILLING PRACTICES

THIS NOTICE DESCRIBES HOW APPOINTMENT AND BILLING POLICIES ARE ADMINISTERED AND HOW INSURANCE CLAIMS MAY AFFECT YOU. PLEASE REVIEW THIS INFORMATION CAREFULLY.

CLAIMS AND BILLING - have agreed as follows:

I hereby assign all medical benefits to which I am entitled to Xcel Sports Medicine LLC in the event that they file insurance claims on my behalf. In the event that my account becomes delinquent and is in default of payment, I accept responsibility for the principal amount owed as well as reasonable costs associated with collection of the debt. Costs of collection include but are not limited to collection service fees, attorney's fees, court costs and other legal fees associated with collection of this debt. Interest may be assessed at the rate of 1.5% per month (18% annual or as limited by law) for unpaid balances over 90 days old. I hereby authorize said assignee to release all information necessary to secure the payment of said benefits. A copy of this assignment shall be considered as effective and valid as the original. I do hereby consent to such treatment by the authorized personnel of Xcel Sports Medicine LLC as may be dictated by prudent medical practice for treatment of my illness, injury or condition. This consent is intended as a waiver of liability for such treatment excepting acts of negligence.

You have assigned your medical benefits for insurance claims to Xcel Sports Medicine LLC, hereinafter referred to as Xcel. By assigning those benefits to Xcel, you have asked that Xcel submit claims for insurance benefits on your behalf and have assigned the payment of those benefits to Xcel. Your insurance company or companies will process the claim and at their sole discretion determine your eligibility for payments. The actual benefit paid is per contract between you and your provider. As such the provider establishes your co-payment (the amount you must pay at the time of your appointment), your deductible (the amount you must pay before the insurance company will pay benefits), and your co-insurance (the amount you must pay that the insurance company assigns as your portion to pay).

Per contract between Xcel and each insurance company, Xcel MUST collect all co-payments at the time of service. Xcel is also required to collect deductibles and co-insurance as assigned and allowed by the insurance provider. You have agreed to pay all co-payments, all co-insurance and all deductibles.

CANCELLATION AND NO SHOW POLICY - You have agreed as follows:

Our goal and yours is to improve your condition. To achieve that goal, it is important that you attend all of the sessions according to the physical therapy plan determined by your physician and therapist. In consideration of others, we request that you arrive on time for appointments. If you cannot make an appointment, please give us a 24 hour notice so that another patient may be scheduled. Habitual violation of this policy will alter your choices for your next appointment..

Cancellations made less than 24 hours before an appointment often leave an unfilled gap in our schedule. There is a high demand for appointments times and we make every attempt to accommodate each and every patient. We understand that emergencies and illness may lead to a cancellation. Failure to show for an appointment is a discourtesy to your therapist. Repeated cancellations and failures to show undermine the effect of your therapy program. If you abuse this policy by repeatedly canceling or failing to show for appointments we reserve the right to restrict appointments. You will be allowed to make allow appointments by calling on the day of service only (you will be given an appointment only if an appointment slot is available) or in egregious cases we may terminate treatment and discharge you. We reserve the right to charge a fee for late cancellations and/or for no shows.

CONCERNS AND COMPLAINTS: If you have questions about how your insurance company has processed your claim as evidenced in the Explanation of Benefits, you should contact your insurance provider. For further information on your Xcel Account Balance, or if you have a complaint, please contact:

Xcel Billing	Appointments Phone	(937) 890-9235
Xcel Sports Medicine LLC	Appointments Fax	(937) 890-9239
727 Crossroads Court	Billing Phone	(937) 547-3314
Vandalia, OH 45377	Billing Fax	(937) 547-1782

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