

Welcome and thank you for choosing Leah Darling, PLC to provide for your health care needs. Please review the following information prior to your first visit.

**Location**

27913 N 154<sup>th</sup> Place, Scottsdale, AZ 85262

From Dynamite turn on to 156<sup>th</sup> Street . Turn right at the first right turn (Elle's Way). Continue down that road along a red brick wall. You will see the horses on the left. Turn left at the corner (the well where there is a wooden fence). That is 154<sup>th</sup> Place. Park between the square wooden fence and the wall of the front yard. It is easier to back out from that place. Text me when you are parking and will meet you at the front gate. Please call if you have any questions.

PH:480-316-4555

[leah@leahdarling.com](mailto:leah@leahdarling.com)

[www.leahdarling.com](http://www.leahdarling.com)

**Treatment Time**

A typical treatment session is 60 minutes long. This includes taking your history and a thorough evaluation your first visit. The remainder of the hour on your first visit will be devoted to your treatment. Please fill out the enclosed paperwork as completely as possible prior to your first visit so that the evaluation time may be shortened to allow for the hands on therapy. If you have difficulty completing the paperwork, fill in as much as possible and we will finish the remaining portions together. Follow up visits are 60 minutes in length and do include a reviewing the effects of the prior session, updated medical history, recommendations and scheduling. The session may include hands on therapy, exercise, self treatments or body mechanics education. Any paperwork required for Pre-authorization will be filled out at this time if required.

As time is valuable to everyone, treatment sessions do begin and end on time. If a client has a late arrival they will be seen in the remaining treatment time scheduled. In addition please don't arrive extremely early for your appointment as may disrupt the session prior to yours. My main office door is typically locked for privacy of treatment session. The restrooms straight through the third set of double doors as you enter the atrium. The bathroom code is 2145.

**Cancellation Policy** Cancellations less than 24 hours in advance will be **charged in full.**

**Sick Policy** If you are sick, please stay home. It is not good for you to get treated if you are sick with a cold, flu or virus. Please call or text by 8am that morning so I can accommodate someone on my waitlist.

**What to Wear**

Myofascial Release (MFR) is a whole body, hands-on therapy applied directly on the skin without use of lotions or oils. Because of this, the skin will need to be accessible as much as possible during the treatment session. Please **do not apply any lotion** on your skin the day that you have a treatment as it makes it difficult to administer the Myofascial Release

techniques. I suggest female clients wear either loose fitting gym shorts and sports/regular bra. Men should wear loose fitting gym shorts.

**Payment** Payment is due at time of service in the form of either **cash** or **check**.

**Prescriptions** (Not required in AZ, your insurance may require one).

Please have your Physician, Dentist or Chiropractor write a prescription prior to your visit. You can either bring it the first visit or they can fax it to me at 480-361-3598.

**Physical Therapy** Prescriptions are to include:

Physical Therapy Evaluate and Treat

Diagnosis and include ICD-10 code(s); MD signature and Date

**Medical Flex Plans or Health Savings Accounts**

Check with your individual plan as to if Physical Therapy is a covered service and a receipt can be given to you after each session for reimbursement.

**Suggestions for Submitting Your Insurance Claim**

If you are choosing to submit to your insurance company for reimbursement **you, the client are responsible for checking your benefits**. In addition, **checking if prior authorization is required is your responsibility**. After your first visit I will give you a receipt for services rendered that you may submit the claim to your insurance. Claim payments should then be sent to you. I would recommend submitting each claim **individually and do it ASAP!**

I am **NOT** a contracted Medicare Provider. If you are a Medicare patient please ask me for more information on options for your treatments. You will not be able to submit for your visit to be reimbursable by Medicare, due to me not contracting with Medicare.

When calling your insurance company I would recommend the following steps:

1. Gather your insurance card, this form, pen and paper. If you are not the primary insurance holder, have that person's birth date and social security number.
2. Call the toll free # for customer service on your insurance card. Select the option that will allow you to speak with a customer service representative.
3. Ask the customer service representative your OUT OF NETWORK Physical Therapy benefits. Physical therapy may also be referred to as rehabilitation services.

**What you need to know:**

Do you have a deductible \_\_\_\_ If so, how much is it? \_\_\_\_ How much is already met?

What % of reimbursement do you have? (60%, 80%, 90%?) \_\_\_\_

Does the rate of reimbursement change because you are seeing an out of network PT?

Does your policy require a written prescription from your primary care physician (PCP)?

If you were seen by a specialist, will you need a referral from your PCP as well?

Does your insurance require a pre-authorization or a referral on file with your insurance company for outpatient PT services?

If yes, do they have one on file set up by your referring doctor?  
If not, what steps do you need to take to arrange the authorization?  
Is there a limited \$ amount or number of visits per year?  
Is there a special form to be filled out to submit a claim?

**What this information means:**

A deductible must be satisfied before the insurance company will pay for therapy treatment. Submit all bills to help reach the deductible amount. If you have an office visit co-pay the insurance company will subtract that amount from the % they will pay. This will affect the amount of reimbursement you will receive. The reimbursement % will be based on your insurance company's established "reasonable & customary/fair price" for the service codes rendered. This price will not necessarily match the charges billed. Some may be less, some may be more. If your policy requires a prescription from your PCP you must obtain one to send in with the claim. This is usually not difficult to obtain since your PCP sent you to a specialist for help with your condition. If the prescription from a MD or specialist is all you need, make sure you have a copy to include with your claim. Each time you receive an updated prescription you'll need to include it with your claims.

If your policy requires pre-authorization/referral on file and the insurance company doesn't have one listed yet, call the referral coordinator at your PCP's office. Ask them to file a referral for your PT treatments that is dated to cover your first PT visit. Be aware that referrals and pre-authorizations have an expiration date and some set a visit limit. If you are approaching the expiration date or visit limit you'll need the referral coordinator to submit a request for more treatment. Documentation for Pre-authorization or requests for further authorization will be filled out during your treatment session(s).

Looking forward to working with you towards your optimal health and wellness!