

Thank you for your interest in Manual Therapy of Nashville, for specialized physical therapy in Orthopaedic Manual Physical Therapy (OMPT), Pelvic Floor Physical Therapy, and Vestibular Rehabilitation. Quality and expert physical therapy within a context for the mind/body connection, wellness and prevention.

Manual Therapy of Nashville is a boutique practice with a different business model from the typical busy, over-producing model. We focus our time on patients instead of insurance drama. The people that see us realize that the care and skill and education they receive is worth filing their own insurance or paying out-of-pocket.

In-clinic and video sessions can be booked online, as well as, home visits which are taken on a case-by-case. Please check online at www.manualtherapyofnashville.com or www.rebeccalowe.physio or the Mindbody app for prices and scheduling. You may contact Rebecca at rebecca@manualtherapyofnashville.com with any further questions.

Packages are also available for 60-minute and 90-minute session for a discount.

Clinic Location is: 95 White Bridge Road, Cavalier Building, Suite 310.

For most conditions, home instructions will be given for starting a home program, including pain relieving techniques, posture and ergonomic instruction, and/or therapeutic exercises. These instructions are very important to the success of your therapy.

You will need a doctor's prescription for physical therapy in hand **before** the first treatment if you are planning to file with your insurance company. In Tennessee you can see a physical therapist for up to six visits, or one month, without a doctor's order. Clients who are receiving benefits from Medicare are only allowed to see a non-participating physical therapist for maintenance/wellness care, which is not covered by Medicare. Contact us if you have any questions.

Clients are responsible for filing their own insurance claims, and if you are planning to, I strongly recommend that you call your insurer and verify your coverage prior to your first visit, most are not yet covering telehealth (video sessions). And, all video sessions for out-of-state clients can only be offered as wellness visits. All insurance plans are different. Please do not assume that

your insurance will cover your therapy. Also, ask if your insurer offers different deductibles or different coverage for out-of-network-providers.

Health Savings Accounts (HSA) funds can usually be used for physical therapy services.

Contact us if you have any further questions. Again, thank you for your interest in Manual Therapy of Nashville. It is an honor to be of service to you.

Manual Therapy of Nashville 615-953-0015 (office) 615-988-9084 (fax) www.manualtherapyofnashville.com rebecca@manualtherapyofnashville.com

No show/ Late/ Cancellation Policy

Appointments are scheduled and paid through MindBody. If you should need to change or cancel less than 24 hours in advance of your appointment, the full fee for the treatment session is charged because it means no one will be able to schedule that quickly for the time-slot. MTN would rather keep charges low, rather than increase the fee to cover the costs for missed appointments. If you are less than 15 minutes late, you may choose to be treated for the remainder of the time; however, the charge remains the same. If you are more than 20 minutes late, then the therapist has the choice whether to continue with treatment; again, the charges will remain the same.

Payment Policy

Manual Therapy of Nashville, LLC does not accept insurance or third-party payments. Most appointments are scheduled and paid for online through www.manualtherapyofnashville.com and MindBody. Please contact MTN if you need assistance, or would like to discuss accommodations. The client understands that they are solely responsible to be informed of their insurance plan's policy on co-pays, deductibles, and coverage and to file their own insurance that pertains to their physical therapy or wellness visits at MTN, an out-of-network provider. Most Health Savings Account (HSA) funds can be used for physical therapy services; the client will need to check on HSA coverage for wellness visits. The client understands that they are financially responsible for all charges. The client understands that they are 100% responsible for payment, due at time of scheduling. NO insurance in any form will be billed, charged or collected for these sessions. Clients choose by their own free will to participate and invest in this service.

Release of Medical Information/Privacy Policy

Medical records will only be released to my referring physician/referring physician's staff and to myself and can be given via email, mail, or fax, unless specifically requested in writing. Exclusions to this policy are only as necessitated to comply with state or federal laws, such as in the case of State Worker's Compensation Laws, in the event of an emergency, as required by law, in the course of judicial proceedings, for research as described below, to prevent or lessen a serious or imminent threat to another person or the general public, or if MTN is sold or merged with another organization. MTN may contact me by phone, text, email, or mail for purposes of scheduling appointments, client paperwork/reports, or to respond to questions about my condition, treatment, response to treatment, or plan.

I authorize the use of my medical records for medical or scientific research, which allows researchers to learn new or better ways to evaluate and treat injuries or illness. Research results do not identify individuals by name or any other personally identifying characteristics. This authorization does not expire, but may be revoked or limited by me, in writing, at any time.

Direct Access Attestation

For the purposes of physical therapy evaluation or treatment in Tennessee, if I do not have a physician's referral at the time of my first visit, I attest that I choose direct access to physical therapy and understand that I will need a physician referral within 6 visits, or 1 month (whichever comes first) to be able to continue. If I choose direct access, I will let the therapist know if I would like my evaluation sent to any other practitioner, in writing. This does not apply to wellness visits.

Conditions/ Consent for Physical Therapy Evaluation, Treatment and Wellness Visits

We at MTN are committed to serving you and making your experience enjoyable and successful. Thank you for choosing us as your partner in health and wellness. You have a choice in health care providers, and we aim to exceed your expectations.

Informed consent for treatment: the termed "informed consent" means that the potential risks, benefits, and alternatives of physical therapy treatment have been explained to me. The therapist provides a wide range of services and I understand that I will receive information at the initial visit concerning the treatment and options available for my condition.

Treatment options for your condition may include, but are not limited to: range of motion, stretching, motor re-training, and balance exercises, soft tissue mobilization, joint mobilization, neurophysiological exercises, home exercises, trigger point dry needling, dermal dry needling, electrical stimulation, posture and ergonomic education, self-treatment instruction, taping, cupping, massage, neurological re-education.

Potential benefits: Benefits may include an improvement in my symptoms and an increase in my ability to perform my daily activities and recreational activities. I may experience increased strength, flexibility and endurance in my movements. I may experience decreased pain and discomfort. I should gain a greater knowledge about managing my condition and the resources available to me.

I understand that my therapist will make every effort to address my symptoms, functional deficits (if any) and concerns and that the goal is for total alleviation of symptoms and/ or improvement of function. Even with the best program there is a possibility that I may not notice changes or improvements.

Potential risks: I understand that the most common risk is that I may experience an increase in my current level of pain or discomfort, or an aggravation of my existing injury. This discomfort, or any other symptom, is usually temporary. If it does not subside in 24 hours, I will contact my physical therapist. Although, unlikely, other risks include fracture, lung puncture, stroke, or loss of life. I know that it is my right to stop any activity at any time, during any session, as well as it being my obligation to inform the therapist of any symptoms, should any develop (as indicated above).

No warranty: I understand that my physical therapist at Manual Therapy of Nashville, LLC cannot make any promises or guarantees regarding a cure for or improvement in my condition. I understand that my physical therapist will share with me his/her opinions regarding potential results of physical therapy treatment for my condition and will discuss treatment options with me before I consent to treatment.

I am aware that addressing my symptoms or diagnosis may take a few sessions and I am required to closely follow all provided instruction to ensure improvements within at least 4-6 sessions (if not sooner). I understand that the number of sessions will vary based on the primary complaints and symptoms and that this reference serves as an average and not a definite number.

I have the right to decline any treatment option that is offered to me and alternatives will be discussed. I will be given the opportunity to ask questions about the evaluation and treatment options, or any other questions that I have.

I consent to treatment by the authorized personnel of Manual Therapy of Nashville, LLC as may be dictated by prudent medical practice by my illness, injury, or condition.

In taking part in these sessions, whether in-person or via phone or video platform, I acknowledge that I am fully responsible for any and all risks, injuries, or damages, known or unknown, which might occur as a result of my participation.

I hereby WAIVE AND RELEASE Manual Therapy of Nashville, LLC, its owners, officers, employees, and instructors from any claim, demand, cause of action of any kind resulting from or related to my participation in evaluation or treatment sessions whether in-person or via video, call, or telehealth sessions.