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DIRECT ACCESS

In New York and most of the United States, patients are now able to be evaluated and treated by a licensed physical therapist without a physician's referral, this is called Direct Access. Some insurance plans may still require you to consult with a physician first, in order to be reimbursed for PT services, so please check with your insurance provider as plans differ.

- o Direct access benefits patients in that it allows patients to expedite treatment, saving time and money.
- o More information on direct access is available on the American Physical Therapy Association's website: www.apta.org

New York State

1. Treatment can be rendered by a Licensed PT for 10 visits or 30 days, whichever comes first.
2. PT must have practiced PT on a full-time basis for at least 3 years and be 21 years old.
3. PT must provide written notification that services without a referral might not be covered by the patient's health plan and it must state that services might be covered by health plan with a referral. A copy of the signed written notification must be in the patient's file.

ProHealth & Fitness PT OT

1. Prior to your first appointment, we encourage you to check with your insurance provider about the specific requirements and reimbursement policies for your plan
2. At or prior to your initial evaluation, in accordance with State regulations, we will have you sign this form indicating notification regarding direct access and reimbursement.
3. At any time during evaluation and treatment, if we feel your condition is more involved or we are not seeing progress, we will refer you to an appropriate physician.
4. After 10 visits or 30 days (in NY), if further visits are needed, we will refer you to your health care provider for a physical therapy prescription or we can make a suggestion for you if you do not have a physician.
5. If after 10 visits or 30 days, the patient does not have a prescription on file, PT services must stop until a valid prescription is on file.

I understand that I cannot continue to receive physical therapy after my 10th visit or 30 days, without a prescription. I also understand that my insurance policy may have their own rules regarding Direct Access and reimbursement for services rendered.

Date: ____/____/____

Patient's Name: _____

Patient Signature: _____

Physical Therapist: _____

PT signature: _____