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WAIVER & CONSENT, PRIVACY & FINANCIAL RESPONSIBILITY PATIENT PACKET 2026

PART I. NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

TO ALL Kinetic Home Therapy Services, LLC Patients:

Confidentiality of Your Health Care Information

This Notice is required by law to explain how Kinetic Home Therapy Services, LLC and its affiliates protect the confidentiality of your health care information.

Protected Health Information (PHI) includes any individually identifiable information related to your medical history, physical or mental condition, or treatment. Examples of PHI include, but are not limited to:

- Name, address, and contact information
- Telephone, fax, and email address
- Social Security number or other identification numbers
- Date of birth and dates of service
- Treatment records, evaluations, and progress notes
- Diagnostic reports, including imaging and test results
- Insurance enrollment and claims information

Kinetic Home Therapy Services, LLC receives PHI directly from you, your healthcare providers, and your insurance carriers. This information is used for treatment coordination, billing, insurance verification, and healthcare operations.

Your PHI will not be used or disclosed without your authorization, except as permitted or required by law.

Permitted Uses and Disclosures of PHI

Kinetic is permitted to use and disclose PHI without prior authorization for the following purposes:

Treatment, Payment, and Healthcare Operations

We may use or disclose PHI for:

- Coordinating and providing your medical care
- Submitting and processing insurance claims
- Billing and collections
- Quality improvement and administrative functions
- Compliance with legal and regulatory requirements

Third-Party Service Providers and Affiliates

We may share PHI with trusted third-party service providers and affiliated organizations that assist in administering healthcare services or benefits. These parties are legally required to safeguard your information and comply with applicable privacy laws.

Legal, Public Health, and Safety Purposes

PHI may also be disclosed for:

- Public health and safety reporting
- Government oversight and audits
- Judicial and administrative proceedings
- Law enforcement requests
- Coroners, medical examiners, and funeral directors
- Organ donation and research (as permitted by law)
- Workers' compensation claims
- Disaster relief efforts
- Prevention of serious threats to health or safety
- Military and veterans' activities

Incidental Disclosures

Incidental disclosures are limited and unintentional disclosures of Protected Health Information (PHI) that may occur as part of permitted activities, such as scheduling, billing, or care coordination.

Kinetic Home Therapy Services LLC takes reasonable steps to minimize such disclosures and protect patient privacy through secure practices, staff training, and established confidentiality policies.

Any incidental disclosures are limited in scope and permitted under applicable privacy regulations.

Safeguards for Your Information

Kinetic maintains appropriate administrative, technical, and physical safeguards to protect your PHI from unauthorized access, use, or disclosure. We limit the use and sharing of PHI to the minimum amount necessary to accomplish its intended purpose.

Your Rights Regarding Your Health Information

As a patient with Kinetic Home Therapy Services, LLC you hold the right to:

- **Request Amendments:** You may request corrections or updates to your PHI. Requests must be submitted in writing. Certain requests may be denied as permitted by law.
- **Request Confidential Communications:** You may request that we communicate with you through alternative means or locations if you believe standard communications could endanger you. Requests must be made in writing.
- **Request an Accounting of Disclosures:** You may request a record of certain disclosures of your PHI. This does not include disclosures for treatment, payment, healthcare operations, or those authorized by you.
- **Access and Copies:** You have the right to obtain copies of your health records and this Notice, either electronically or in paper format.
- **Notice Delivery:** You may receive this Notice electronically or in paper form. Even if you agree to electronic delivery, you may request a printed copy at any time.

For All Complaints and Reporting Concerns

If you believe that your privacy rights have been violated, you may file a complaint with:

- **Kinetic Home Therapy Services LLC**, or
- **The U.S. Department of Health and Human Services**

Complaints may be submitted in writing or by contacting our office directly. All reports will be reviewed promptly and handled in accordance with applicable privacy laws and internal policies.

Kinetic Home Therapy Services LLC is committed to resolving concerns fairly and respectfully.

Kinetic will not retaliate against you for filing a complaint or raising privacy-related concerns.

We encourage patients to contact our office first whenever possible so we may address and resolve issues in a timely manner.

ACKNOWLEDGMENT OF PART I. NOTICE OF PRIVACY PRACTICES

I, _____, hereby acknowledge that I have received a copy of the Notice of Privacy Practices from *Kinetic Home Therapy Services LLC*. I understand that this notice describes how my medical information may be used and disclosed and outlines my rights regarding the confidentiality of my health care information.

1. **Protected Health Information (PHI):** PHI includes individually identifiable information about my medical history, mental or physical condition, or treatment. Examples of PHI include personal information such as my name, address, contact details, social security number, date of birth, treatment records, and other relevant information.

2. **Permitted Uses and Disclosures of PHI:** *Kinetic Home Therapy Services LLC* is permitted to use or disclose my PHI for purposes such as health care treatment, payment of claims, billing of premiums, and other health care operations. PHI may also be disclosed to third parties or affiliates involved in the administration of my benefits, and they are obligated to protect the confidentiality of my information.

3. **Rights Regarding PHI:** I have the right to request corrections or updates to my PHI, request confidential communications through alternative means or addresses, and receive an accounting of certain disclosures made of my PHI. I also have the right to file a complaint if I believe that my privacy rights have been violated.

4. **Complaints:** I understand that I may file a complaint with *Kinetic Home Therapy Services LLC* or the U. S. Secretary of Health and Human Services if I believe that my privacy rights have been violated. I acknowledge that there will be no retaliation against me for filing a complaint. I understand the content of this Notice of Privacy Practices and my rights regarding the privacy of my health information. By signing below, I acknowledge the receipt of this notice.

_____

Printed Full Name

_____ _____

Signature Date

KINETIC HOME THERAPY SERVICES LLC

PART II. FINANCIAL RESPONSIBILITY & INSURANCE ACKNOWLEDGMENT

Effective January 1, 2026, Kinetic Home Therapy Services LLC requires all patients to maintain a valid credit or debit card on file prior to beginning services. This policy ensures timely and accurate billing and prevents unexpected balances.

Please read and sign below, acknowledging and agreeing to the following:

Medicare Deductible & Coverage

Traditional Medicare (Part B) includes an annual deductible of **$283.00** *(subject to annual adjustment).*

- If unmet, the patient is responsible for this amount prior to or during treatment.
- After the deductible is met, Medicare generally covers **80%**, and I am responsible for **20% coinsurance**.

Secondary Insurance Coverage

If you have secondary insurance with Medicare Part B benefits, your plan may cover a portion, all, or none of your Medicare-related out-of-pocket costs.

Secondary coverage varies by plan and may:

- Cover a portion of your Medicare coinsurance (for example, some plans cover 70% of the 20% Medicare responsibility)
- Cover your remaining balance in full
- Provide no additional coverage

Because each plan is different, secondary insurance benefits are determined by your specific policy and carrier.

Kinetic Home Therapy Services LLC will review your available benefits and outline your estimated financial responsibility prior to the start of services whenever possible to ensure transparency and prevent unexpected charges.

QMB (Qualified Medicare Beneficiary) Plans

QMB plans typically cover services at 100%. Enrollment will be verified prior to treatment.

Copay & Coinsurance, Deductible and Out of Pocket Plans

Some PPO (Paid Provider Organization) plans allow you to see out-of-network providers. Some insurance plans will require:

- **Copays:** A copay is a fixed dollar amount you are required to pay for each visit or service. This amount is determined by your insurance plan and is typically due at the time services are provided.
- **Coinsurance:** Coinsurance is a percentage of the total approved cost of a service that you are responsible for paying after your deductible has been met. For example, if your plan covers 80%, you are responsible for the remaining 20%.
- **Deductibles:** A deductible is the amount you must pay out of pocket each year for covered services before your insurance begins contributing toward payment. Once your deductible is met, your insurance will begin paying according to your plan benefits.
- **Out-of-pocket limits:** The out-of-pocket maximum is the highest total amount you are required to pay in a calendar year for covered services, including deductibles, copays, and coinsurance. Once this limit is reached, your insurance typically covers 100% of eligible services for the remainder of the year.

Out-of-Network Disclosure

Kinetic Home Therapy Services LLC is considered **out-of-network with most commercial insurance plans**, with the exception of Traditional Medicare.

If I am covered under a non-Medicare insurance plan, I understand that Kinetic does not have a contractual agreement with my insurance carrier and is therefore not obligated to accept discounted or negotiated rates.

As a result, out-of-network coverage may:

- Result in higher deductibles, copayments, or coinsurance
- Apply reduced reimbursement rates
- Require payment of the full service fee before or after insurance reimbursement
- Limit or deny coverage for certain services

I understand that my insurance carrier determines out-of-network benefits and reimbursement amounts, and that Kinetic Home Therapy Services, LLC has no control over these determinations.

I further acknowledge that:

- My insurance provider may reimburse me directly rather than paying Kinetic
- I am responsible for submitting any required documentation if applicable
- Any balance not paid by my insurance carrier remains my responsibility

Billing Communication

All insurance benefit estimates provided by Kinetic Home Therapy Services, LLC are based on information received from your insurance carrier at the time of verification. These estimates are subject to change after claims are processed.

Final patient responsibility is determined by your insurance provider's **Explanation of Benefits (EOB)**, which reflects how your claim was adjudicated.

Because insurance processing may involve adjustments, delays, or reclassifications, initial estimates may differ from final balances.

Billing Services & Patient Support

Kinetic Home Therapy Services LLC partners with **Shoreline Medical Billing** to manage claims submission, payment posting, and patient billing.

Shoreline's billing team may contact you directly to:

- Review your insurance benefits
- Explain your finalized patient responsibility
- Address billing questions or discrepancies
- Arrange payment or payment plans when needed

Their role is to ensure accuracy, transparency, and timely resolution of all billing matters.

Shoreline Medical Billing Contact Information

U.S. Headquarters
445 Main Street, 2nd Floor, #1
Saco, ME 04072

Phone: 207-803-0184
Email: pup@shorelinemb.com
Website: www.shorelinemb.com

Shoreline
Healthcare Technologies

KINETIC
HOME THERAPY SERVICES LLC

Refund Policy

Kinetic Home Therapy Services LLC is committed to accurate and transparent billing. All charges are based on insurance determinations and Explanation of Benefits (EOB) statements.

In the event that a patient account reflects an overpayment due to insurance adjustments, claim reprocessing, coordination of benefits, or other billing corrections, the following policy applies:

- Any verified overpayment will be refunded or credited to the patient's account.
- Refunds will be issued within a reasonable timeframe after all insurance claims have been fully processed and reconciled.
- Whenever possible, refunds will be issued to the original form of payment.
- If a credit remains on the account, it may be applied to future services unless a refund is requested.
- Refund requests may be submitted in writing or by contacting our billing department.

Please note that insurance processing timelines vary by carrier and may impact the timing of refunds.

Kinetic Home Therapy Services LLC and its billing partners work diligently to resolve billing discrepancies promptly and fairly.

Patients are encouraged to contact our office or billing team with any questions regarding account balances, credits, or refund status.

Patient Responsibility

I understand and agree that I am financially responsible for all charges for services rendered that are not paid in full by my insurance carrier, regardless of insurance coverage determinations, claim denials, processing delays, or benefit limitations.

This includes, but is not limited to, deductibles, copayments, coinsurance, non-covered services, and outstanding balances.

I acknowledge that timely payment and maintenance of agreed-upon payment arrangements are required to continue receiving services.

Failure to satisfy outstanding balances or adhere to approved payment plans may result in:

- Temporary suspension of services
- Termination of care, when clinically appropriate and permitted by law
- Referral of unpaid balances to a third-party collections agency
- Additional administrative or collection-related fees as permitted by law

Kinetic Home Therapy Services LLC will make reasonable efforts to communicate with patients regarding outstanding balances and provide opportunities to resolve payment issues prior to any service interruption or collections activity.

I understand that maintaining my account in good standing helps ensure uninterrupted, high-quality care.

Acknowledgment

By signing below, I acknowledge and confirm that:

- I have received, reviewed, and understand Kinetic Home Therapy Services LLC's financial, billing, and insurance policies.
- My insurance benefits, estimated costs, and potential out-of-pocket responsibilities have been explained to me prior to the start of services whenever possible.
- I understand that insurance coverage and payment determinations are made by my insurance provider and are subject to change after claims processing.
- I acknowledge that this policy is intended to promote transparency, accuracy, and clear communication, and to prevent unexpected billing issues or financial disputes.
- I agree to comply with all payment, authorization, and communication requirements outlined in this agreement.
- I understand that failure to adhere to these policies may affect my ability to continue receiving services.

By signing, I voluntarily accept responsibility for the financial obligations associated with my care.

_____

Printed Full Name

_____ _____

Signature Date

SQUARE CREDIT CARD AUTHORIZATION & ELECTRONIC COMMUNICATION CONSENT

Kinetic Home Therapy Services LLC utilizes **Square®, a PCI-compliant, encrypted payment platform** for secure payment processing.

1. Email Requirement

A valid email address is required to send secure payment authorization.

This may belong to the patient or authorized representative.

2. Secure Card Upload

- Card information is entered directly into Square
- Kinetic staff cannot view full card details
- Data is encrypted and protected

3. Card-on-File Authorization

I authorize charges for verified patient responsibility, including:

- Deductibles
- Copays
- Coinsurance
- Adjustments

4. Charge Notification

Whenever possible, I will be notified before charges are processed.

5. Refunds

Verified overpayments will be refunded to the original payment method.

6. Contact Information Responsibility

I agree to maintain accurate billing contact information.

Failure to do so may delay services.

7. Secure Billing Acknowledgment

I acknowledge Square’s role in protecting financial information.

Authorization

Patient Name: _____
Authorized Representative: _____
Email on File: _____
Signature: _____
Date: _____