
FINANCIAL POLICY

All patients are required to complete our Patient Information, Medical History, and Financial Policy forms before being treated.

Insurance: Your insurance is a contract between you, your employer, and your insurance carrier. We are not a party to that contract. We strongly encourage you to contact your insurance carrier to determine what coverage they provide for physical therapy. Verification of coverage does not guarantee payment by the insurance company. We will not become involved in disputes between you and your insurance carrier. As a courtesy, we will bill your health, auto, or worker's compensation insurance claims. You are responsible for timely payment on your account.

HMO/PPO/POS: Co-pays are due at the time of service if you are covered under any of these.

Medicare: We accept Medicare assignment. Medicare will pay 80% directly to us and the other 20% must be collected from the patient or supplemental insurance company. The Health Care Financing Administration of the United States Government has issued a warning that providers who waive the co-insurance charge and/or the deductible from Medicare are subject to prosecution for fraud.

Auto Accidents: If you are injured due to a motor vehicle accident or from personal injury, please inform us upon registration. Arrangements must be made with the billing department regarding your account. It is the responsibility of the patient to obtain a letter of protection from the auto insurance company/attorney. When the letter of protection is granted, we will need a copy for documentation. A copy of your health insurance cards must be obtained upon registration. We will bill claims to your health insurance in the event the motor vehicle insurance denies the claim.

Payment Options: For your convenience we accept cash, check, Visa, and MasterCard. There will be a \$25 fee for all returned checks.

I understand and accept the conditions of this financial policy.

Patient /Guardian Signature

Date