

PHYSICAL THERAPY BILLING POLICY

In today's atmosphere of medical insurance it has become increasingly difficult for this office to continue billing insurance companies. However, as a courtesy to our patients, the business office will bill insurance directly and receive payment directly. To do so, our patients must accept responsibility for providing the following documents:

1. **Doctor prescription ordering physical therapy stating diagnosis, frequency and duration - updated as necessary, unless not required by your insurance company.**
2. **Copy of insurance card**
3. **Picture I.D.**

Be aware that this office will require payment in full for treatment rendered if these documents are not provided by the (4th) visit.

Workers compensation will be accepted for work related injuries as long as treatment is fully authorized and under doctors' orders.

Insurance will be billed daily if all information is received from the patient.

Once per month a statement will be sent to you requesting your co-payment. Payment is due as noted on your statement. Acceptance of a late or partial payment does not constitute a waiver or breach of this agreement.

You, as a patient, are fully and completely responsible for knowledge of your insurance policy benefits, including limitations and exclusions outlined in the plan that you have chosen. It is your responsibility to stay within your financial capabilities in this regard.

If insurance fails to pay the expected percentage of each treatment, **THE PATIENT IS RESPONSIBLE FOR THE ENTIRE UNPAID BALANCE.** This office will follow through on any additional information that is requested by your insurance company and we ask that the patient be cooperative. It is the patient's responsibility to follow up with the insurance company to ascertain the status of their claim. **IF YOUR INSURANCE PAYS YOU DIRECTLY IT IS YOUR RESPONSIBILITY TO FORWARD THE PAYMENT TO OUR OFFICE FOR THE SERVICES THAT WERE RENDERED TO YOU. IF YOU FAIL TO DO SO WE WILL ASK YOU TO PAY THE ENTIRE BALANCE ON YOUR ACCOUNT.**

If there is a delay in the insurance company making payment, which causes a patient's bill to go unpaid for over 90 days, the patient will be responsible for payment in full at the time.

Please initial box:

PLEASE BE AWARE THAT WE REQUIRE 48-HOUR ADVANCE NOTICE TO CANCEL AN APPT. OTHERWISE, A FACILITY FEE WILL BE CHARGED TO THE CREDIT CARD ON FILE FOR MISSED APPOINTMENTS.

Please initial box:

ALSO, IF PATIENTS ARE LATE FOR APPOINTMENT OR MUST LEAVE EARLY AND THE FULL TREATMENT IS NOT PERFORMED, A FACILITY FEE WILL ALSO BE CHARGED. TO AVOID THIS CHARGE, PLEASE SHOW UP AS SCHEDULED AND REMAIN FOR FULL TREATMENT.

Please initial box:

WE RETAIN THE RIGHT TO CHARGE YOU INTEREST AND REVERSE DISCOUNTS ON BALANCES GREATER THAN 90 DAYS PER APPLICABLE LAW.

If there are no insurance benefits available for this treatment, you are expected to pay for services rendered at time of service unless other arrangements are made.

Please understand the necessity of an agreement of this nature due to the magnitude of the task of insurance billing for all our patients

Patient / Guardian Signature

Date

Witness Signature

Date