



IMPORTANT: PLEASE READ CAREFULLY!

Basic Financial Policy

Dear Patients,

Every insurance policy is different, so we ask that you verify your physical therapy benefits with your insurance company prior to initiating treatment so that you may address any questions about your policy directly with the insurance carrier. ***It is our policy to collect any payments that you, as a patient, are responsible for per your insurance contract at the time of service on each visit.*** Please be prepared to make a payment at the time you check in/out. If you have an unmet deductible or coinsurance applies, your costs will be calculated at the end of your visit, so please be sure to stop by the front desk to make a payment and schedule future visits. Payment in full is expected for services rendered. We accept cash, check, debit cards, Master Card and Visa.

We will be happy to address any questions about your approximate cost per visit to the best of our ability, though sometimes there will be inaccuracies in what we collect from you due to pending claims from other provider visits and variances in insurance allowed amounts. If after claim submission your insurance company's Explanation of Benefits shows a different patient responsibility amount from what we collected from you, we will either send you a refund for overpayment or a bill for any remaining balance.

If you are experiencing financial difficulties or are concerned about costs, you must ask before treatment is rendered and we will arrange a payment plan that suits your specific financial situation. You will need to provide a credit card to keep on file that will be charged automatically on a recurring basis as scheduled until the balance is paid in full.

You agree that in order for us to service your account or to collect any amounts you owe, we may contact you by telephone at any phone number associated with your account, including wireless telephone numbers, which may result in charges to you. We may also contact you by sending text messages or via email, using any email you provide. Methods of contact may include using pre-recorded/ artificial voice messages and/or use of an automatic dialing device, as applicable.

If your account is placed with a collection agency you will be responsible for a collection fee of 35% of the amount transferred for recovery. If legal action is taken on your account, you will also be responsible for any court costs and/or attorney fees incurred in the legal process.

By signing below, I acknowledge that I have read and understand the above statements and agree to abide by the financial policy or otherwise make alternate financial arrangements prior to initiating my treatment.

Patient Signature: _____ Date: _____

Print Name: _____