

PAYMENT POLICY, FINANCIAL RESPONSIBILITY

CANCELLATIONS AND NO SHOWS: We request the courtesy of cancellations 24 hours in advance. If you do not show up for your scheduled appointment or cancel late, you will be charged a \$35 late cancellation/no-show fee. This fee will be collected the next date of service. If you excessively cancel late or no show, your therapy will be discontinued and your physician and/or claims manager will be notified. If you arrive for your appointment late, either your treatment will end at its scheduled time, or you will be charged a \$35 late fee.

INSURANCE INFORMATION: Your insurance policy is a contract between you and your insurance company. We urge you to take active participation and familiarize yourself with your "Outpatient Physical Therapy" insurance coverage. It is your responsibility to understand the nature of your benefits including pre-authorization requirements, deductibles, co-payments, co-insurance, visit limitations, and annual limits. If you have any questions regarding the way your insurance company has or has not processed your claims, please contact them. It is the insurance company who makes the final determination of your eligibility and payment.

We need complete and accurate information about your policy. As a courtesy we will verify coverage, but **we cannot guarantee the accuracy of the information we receive.** It is your responsibility to inform us of any and all changes of insurance coverage during the course of treatment. Failure to do so may result in denial of coverage from your insurance company.

You are responsible for meeting the deductible before your insurance company will begin to reimburse for services rendered. If we are "in-network" with your insurance company, we will accept the preferred provider contracted rate. If we are "out of network" with your insurance company, you are responsible for the out of network deductible, as well as your co-payment and/or coinsurance. You may be balance billed for the full amount.

NON-COVERED SERVICES: Your insurance company may decide not to pay for certain services. This does not mean the services are not medically necessary. We have found that some insurance companies have a "number of visits" limitation, but have decided to deny coverage even before that number has been reached. These denied services are the responsibility of the patient. We will provide the necessary medical documentation your insurance requires, but this is not a guarantee of payment. Any supplies needed for your home program are not covered by your insurance. We will not bill your insurance company for these supplies, and payment is expected at the time you receive them.

PAYMENTS DUE AT TIME OF SERVICE: Co-pays, coinsurance, deductibles, cancellation/no-show fees, and supplies are due at the time of service. If you are receiving treatment two or three times per week, as a courtesy we will collect payment for those visits at the end of the week. We accept MasterCard, Visa, checks, and cash.

PAST DUE ACCOUNTS: If your account becomes past due, we will take the necessary steps to collect this debt. If we refer your account to a collection agency, you are responsible for paying the 30% collection fee.

I authorize medical payments to be sent directly to Pitman Creek Physical Therapy, P.C.

I authorize the release of medical information to my insurance company necessary to process my claims. I may request a copy of my medical records, but understand there will be a fee.

I ACKNOWLEDGE THAT I HAVE READ AND AGREE TO THE POLICIES AS OUTLINED ABOVE.

PATIENT _____ **DATE:** _____
(or legal guardian)