



## Financial Policy

Our goal is to provide you with excellent physical therapy care. We also want to provide you with clear information about the financial concerns and responsibilities you have as a patient and we have as a physical therapy clinic. Please read carefully the following summary of our financial policy and information about insurance. If you have any questions, please ask our Office Manager for further information.

### Insurance Coverage and Contracts

We have chosen to contract with certain insurance companies that provide medical care to their insured members at a negotiated discount. If you are insured by one of these companies, we are considered an “In-Network” provider for you. If we contracted with your insurance company, then we will file your claims directly with your company. We do not file secondary insurance coverage.

We abide by the terms of our contract with these companies, which include the collection of co-pays, co-insurance, and deductible amounts. We collect these amounts in full at the time of service for all physical therapy visits. We are required to collect these amounts and may not waive them. We accept checks, cash, and credit/debit cards (Visa, MasterCard, and Discover).

We make every effort to obtain reliable information from your insurance company. When you provide your insurance information, our office staff verifies your benefits with the company. Based on that information, we collect your portion of the fee (deductible, co-pay, co-insurance). If the information proves to be incorrect when billing is processed, you may owe additional money, or we may refund money to you. You will receive an Explanation of Benefits (EOB) close to the same time as we receive payment. The EOB states the contracted amount, the amount of patient responsibility, and the discount for which the provider cannot bill the patient. If the EOB is incorrect, we will file an appeal. Otherwise, the amount due from you stands as per the contract. If, despite our best effort, we have collected an incorrect amount from you, we will either refund any overpayment to you promptly or collect any underpayment from you promptly.

### Out-of-Network Insurance/Un-insured

If we do not participate with your current insurance plan or you have no health insurance coverage, please discuss payment options with the Office staff.

### Personal Injury Protection (PIP)

We do not bill Personal Injury Protection (PIP) directly. If you are coming to physical therapy treatment as a result of a car accident and using PIP coverage, we require payment for your physical therapy visit at the time of service. We will supply the necessary documentation so that you may be reimbursed by your PIP.

### Pre-Authorization for Physical Therapy

If your health plan requires pre- authorization for physical therapy services, it is your responsibility to make sure your primary care physician faxes this to us before your scheduled appointment. If pre-authorization is required and has not been received by our office, you may change your appointment to a later date.

I have read the above, and understand and agree to this financial policy.

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(If the patient is under 18, the parent or guardian must sign.)*