

FINANCIAL POLICY AND AGREEMENT

Thank you for choosing us as your physical therapy provider. The following is a statement of our financial policy, which we ask that you read and sign before treatment begins.

Insurance Benefits

Health insurance and accident policies are an arrangement between you and your insurance company – please understand that we are not a party to that contract. We will, as a courtesy, investigate your insurance coverage for physical therapy. Although insurance policies cover physical therapy, the amount they pay varies from policy to policy. We, therefore, urge you to carefully review your coverage as it is your responsibility to understand what portion you will be required to pay.

Insurance Billing

We will bill your insurance carrier(s) for you on a regular basis. Please understand that this is done as a courtesy. Ultimately you are solely responsible for all charges incurred at this facility, including all co-payments, deductibles, co-insurance and amounts not covered under your insurance policy. You will also be responsible for any coverage errors due to insurance misquote. Amounts owed by you that are not paid promptly may be subject to a late payment fee and an outstanding balance will be assessed interest. Pre-certification by the patient is sometimes required prior to physical therapy.

PRIVATE INSURANCE: All copayments are due at the time of the visit. If you have an insurance deductible that has not been met, your deductible payment will be estimated and this payment will be due at the time of the visit. Should your insurance company pay you directly for your physical therapy visit, we will collect this payment from you, in addition to any copayment for which you are responsible.

WORKER'S COMPENSATION: If you are hurt on the job, your worker's compensation carrier will pay 100% for services rendered, provided the services were authorized.

PERSONAL INJURY (Auto Accident): If you have medical coverage (med-pay) on your auto policy, we will bill them for you. Med-pay will cover your bills up to your limit, regardless of who was at fault. It is your responsibility to keep track of your med-pay, and to make payment arrangements should you exceed your med-pay limits. Group insurance may be billed as well.

MEDICARE: Medicare PART B coverage includes a deductible and co-payments. Therefore, depending upon your secondary insurance, you may have deductible and co-pay responsibility after both insurances have made payment. Medicare currently has placed a cap on physical therapy coverage. The yearly allowed amount in 2025 is \$3000 for the combination of physical and speech therapy. There are exceptions to the Medicare cap, depending on your diagnosis. Medicare does not pay for durable equipment.

CASH: A discount is provided for cash accounts. All payments are due at the time of treatment. We do accept Visa, MasterCard, Cash and Checks. Payments made with a credit card will be subject to a 3% convenience fee.

Assignment of Benefits

Your signature indicates that you have read and understand the above relevant information. Your signature also authorizes assignment of your benefits directly to us and that you have given us permission to bill your insurance company for the services we are to provide for you.

Signature of Responsible Party: _____ Date: _____