



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 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 most major insurance companies. If you are insured by one of these companies, we are considered an “In-Network” provider for you. If we are contracted with your insurance company, then we will file your claims directly with your company. We do not file secondary insurance coverage.

The terms of our contract with these companies, requires that we collect a co-pay, co-insurance, or deductible amount dependent upon your individual insurance plan. We collect these amounts in full at the time of service for all physical therapy visits. 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. If you want to know your benefits prior to your evaluation, please let the office staff know when they take your information and schedule your initial visit. 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.

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.

Motor Vehicle Accidents

There are 3 options for filing your physical therapy claims:

1. We can file claims through your own Personal Injury Protection (PIP) directly. We will not bill a third party insurance company or accept a letter of intent through a lawyer.
2. We can file claims through your medical insurance. You will be required to pay the required copay, coinsurance or deductible required by your insurance plan at time of service.
3. You may choose to self-pay. Self-payment is required at time of service. We will supply the necessary documentation for reimbursement from the appropriate party

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.)