

**Form and Fitness Physical Therapy
Financial Policy**

1. Co-payments are due at the time of service. It is also the patient's responsibility to obtain any referrals necessary from their Primary Care Physician/Surgeon prior to their appointment in our office. Failure to do so will result in the patient being responsible for payment of the service provided.
2. All visits or services that are applied to a deductible, or are not covered by your insurance, are the financial responsibility of the patient and must be paid within 30 days after your insurance has denied payment to us. All accounts that are 90 days past due will be sent to an outside collection agency.
3. It is the patient's responsibility to know their insurance coverage especially whether or not physical therapy services are a covered benefit. If you are not in agreement with your insurance company, you must pay the bill and submit to your insurance for reimbursement. We will be glad to help you resubmit a claim to the insurance company after you have paid for your services.
4. It is the patient's responsibility to make sure that any insurance information given to our office is correct and current. Failure to provide such information will result in patient financial responsibility for all services provided.
5. If the patient fails to cancel a scheduled appointment with this office at least **24 hours** prior to the appointment, the patient can be charged \$25 for that missed appointment. It will not be billed to the patient's insurance and will be the patient's personal responsibility.
6. Any personal check returned to the office for insufficient funds will have a \$15 service charge added and all subsequent visits will need to be paid with cash, credit card or certified funds.

I HAVE READ AND UNDERSTAND THE ABOVE POLICIES:

Signature

Date