

Attendance Policy:

It is important that you make every attempt to keep your scheduled appointments. If you need to cancel an appointment, please provide 24° notice. **Failure to do so will result in a \$25 fee and cancellation of any subsequently scheduled appointments.**

Financial Policy:

It is the patient's responsibility to verify insurance coverage for *out-patient physical therapy*. Our billing department will do verifications after the initial visit and submit claims monthly. Once we have received payment from your insurance company, a statement will be sent to the patient indicating amounts of co-payments and/or deductibles not covered by your insurance.

We will wait up to 60 days from the date of submission for payment from the insurance company. If we have not received any insurance payment, we require the patient start making payments. Accounts past due (90+ days) can result in turning the account over to a collection agency.

In the case of a disputed *Worker's Compensation* or *Auto Accident* claim, we will bill the patient's health insurance company. If there is no health insurance, the patient is responsible for payment.

Some third party payers may reimburse at what they consider *Reasonable and Customary* charges. For large discrepancies, the patient is responsible for the difference; however, there is an appeal process that our billing department can assist you with.

In the event that the patient is left with a balance, payment is expected in full upon receipt of statement, unless other arrangements are made with the billing department.

Other Policies:

- I agree that *Elk Rapids Physical Therapy, P.C.* may release any information necessary to process my claim to my insurance companies.
- I authorize payment of insurance benefits to go directly to *Elk Rapids Physical Therapy, P.C.*
- I understand that I am responsible for verifying insurance coverage in an *out-patient physical therapy clinic*.
- I have read, understand, and agree to the above policies.

Signed _____

Date _____