



Spine and Sport Physical Therapy and Aquatics Financial Policy

In the interest of good health care practice, it is desirable to establish a policy to avoid misunderstandings. Our primary responsibility is to help our patients experience good health, and we wish to spend our time and energy toward that end. Therefore we wish to clarify the following:

Patients who reserve an appointment with **Spine and Sport Physical Therapy and Rehab Specialists** and fail to keep that appointment may be subject to a minimum appointment charge of \$25.00. To avoid this charge, patients should cancel appointments that they will not be able to attend prior to the reserved time.

We will prepare and deliver a medical claim for all other costs of your care if you present your current health insurance card during your office visit. This preparation service is not a guarantee that we have a contractual relationship with your insurance plan. Nor can we guarantee that your specific insurance policy covers the services that we have provided.

You should hear from your insurance company within 30 days of your treatment. If you do not, or you believe that your insurance company has not paid your medical cost correctly, you should contact your insurance company to negotiate a solution. We do not have a way to access the terms and conditions of your insurance policy and are therefore unable to speak on your behalf to your insurance company about contract disputes that you have.

You will receive a statement from us monthly. This will include all charges that are your responsibility as well as charges that your insurance company has not paid. Your payment to us is due to us within 10 days of the statement date.

We do not have a commercial financing or collection service. You will be asked to pay for services in advance; if you do not keep your account current you may be discharged from care and/or have your account turned over to a professional credit agency in the event that your account becomes delinquent. It is not our intention to cause undue hardship, however, we must collect our receivables as efficiently as possible in order to continue our service to the community.

To date you have not provided proof of insurance or we were unable to verify eligibility and coverage for Therapy services and are therefore, responsible for the cost associated with any services received at Spine and Sport Physical Therapy and Rehab Specialists.

I have read and accept the credit policy terms outlined above. I agree that in the event additional costs and/or fees are incurred in connection with the collection of my account; I will pay all such costs and fees including collection costs, attorney fees and all other court costs.

I hereby authorize my insurance benefits to be paid directly to Spine and Sport Physical Therapy and Rehab Specialists. I also authorize Spine and Sport Physical Therapy and Rehab Specialists to release any information required by my insurance company.

PERMISSION TO TREAT: I hereby give Spine and Sport Physical Therapy and Rehab Specialists permission to evaluate and treat the below named patient.

Print Name: _____

Signature: _____ Date: _____

Questions or Concerns please call Spine and Sport Physical Therapy and Rehab billing office at 800-511-0729