

Neuromuscular Therapy • Pelvic Floor Pain & Rehabilitation • Orthopedic Rehabilitation

Welcome and thank you for choosing us as your healthcare provider. We are committed to your successful Physical Therapy treatment and will strive for your optimal health. The following is a statement of our financial policies in which we require that you read, agree to and sign prior to treatment at our facility.

- Unless other arrangements have been made, payment is due at the time of service. This excludes those covered under worker's compensation or med pay auto insurance.
- Your medical treatment may be the result of an accident. In cases such as this, we we ask that you furnish all information required for billing your insurance or your employer's insurance carrier. Unfortunately, billing a third party carrier causes lengthy payment delays, therefore alternative payment options will be discussed with our office manager.
- We may accept and may be a provider of your group health insurance plan. Any portion not covered by your insurance (deductibles or copay, etc.) will be your responsibility. Should your insurance company delay or refuse claim payment beyond a reasonable amount of time (in excess of 90 days), payment is due in full by you. We ask that you furnish all information required for billing.
- We require 24 hour cancellation notice. Cancelled or missed appointments within a 24 hour period will be subject to a minimal office fee.
- You agree to reimburse us the fees of any collection agency, which may be based on a percentage at maximum of 33% of the debt, plus all costs and expenses, including reasonable attorney fees we incur in such collection efforts.

Shoud you have any questions or if we may assist you regarding our financial policies, please contact our office manager

I have read, understand and agree to the provisions of this financial policy.

Signed.	
3	Patient or Legal Guardian
Date	

