

EAGLE CENTER PHYSICAL THERAPY AGREEMENT

We are committed to providing you with the best possible care. If you have medical insurance, we are happy to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

REGARDING INSURANCE

We will be happy to process your insurance claim form for payment to us; however, if your insurance company does not pay 100% benefits, we will expect you to pay the proper amount due. Physical therapy coverage's varies depending on your policy. **IT IS TO YOUR BENEFIT TO CALL YOUR INSURANCE COMPANY AND CONFIRM YOUR PHYSICAL THERAPY COVERAGE AND ITS LIMITS.** If your deductible has not yet been met, this will also be expected to be paid up front. In special instances, we may accept assignment of insurance benefits.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize however, that:

1. Your insurance is a contract between you, your employer and the insurance company.
2. Our fees are considered to fall within the usual customary and reasonable range for this area, however; there are companies who reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in this area.
YOU WILL BE RESPONSIBLE FOR ANY CHARGES THAT YOUR INSURANCE COMPANY DOES NOT COVER.
3. Not all services are a covered benefit in all contracts. Some insurances companies arbitrarily select certain services they will not cover. You will be responsible to pay for these charges.

MISSED APPOINTMENT

A charge of **\$25.00** will be billed to you personally if you do not call and cancel your appointment with a 24 hour advanced notice. **Our phone number: 696-5678.**

THIRD PARTY BILLING

We do not handle third party billing. Occasionally an auto or worker's compensation claim will exceed the coverage OR will be denied pending litigation. We will be happy to bill your health insurance company in this instance. However, you will need to contact the carrier for necessary authorization. If you have no coverage we offer an extended payment plan providing regular monthly payments are received as per the agreement.

WORKER'S COMPENSATION CLAIMS

We accept assignment on worker's compensation claims providing treatment has been authorized by the insurance carrier. If a claim becomes contested or contriverted during the treatment program you are responsible for the charges.

MINOR PATIENTS

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment.

PRIVACY (HIPPA)

We do not release information unless we have a release authorized by the patient. We do not use a billing service or submit claims electronically.

We must emphasize, that as Physical Therapy providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy, all charges are your responsibility. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us immediately. A \$35.00 charge per month on balances over 30 days will be assessed on your account. A \$25.00 fee will be charged on all returned checks.

Patient Signature _____ Date _____