

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

Payment for services is due at the time services are rendered. We accept cash or check. All insurance identification cards must be submitted for confirmation on the first visit before treatment begins. Returned checks or balances older than sixty (60) days may be subject to additional collection fees and interest charges of 1.5% per month. All balances that reach 90 days past due may be sent to a collection agency. Should your account be sent to a collection agency, you will be financially responsible for all collection and legal fees that our office incurs in collecting the balance. Any balance for past services must be paid in full before being seen in our office in the future. Supplies will be paid for at the time of service.

Insurances

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. **You must realize, however, that your insurance is a contract between you, your insurance carrier, & your employer, if so provided (if not self employed). We are not a party to that contract except where we are under contract as preferred providers.** Since we participate with several insurance companies, you must verify with our office the status with your plan. We will be happy to help you process your insurance claim for reimbursement from companies with which we participate. **If we do participate with your insurance company, all services performed at our office will be submitted to them unless we have received prior notification of non-covered services. All co-pays, co-insurance and deductible amounts are the patient's responsibility and will be billed to you by our office.** If your policy or plan changes during the time of treatments, you must notify us immediately. **Failure to do so may result in a balance owed by you.** You may receive an Explanation of Benefits (EOB) in the mail from your insurance company. If your insurance company sends you a check as payment for services during the time of treatments, you are responsible to bring us the check and the EOB. Review the EOB closely, it will state the amount which Integrated Physical Therapy Services, Inc. charges and receives as payment from the insurance company. The EOB also states if there is a remaining balance that must be paid by **YOU** directly.

Some insurance plans may require referrals for services. It is the patient's responsibility to obtain the referral prior to the time of service. If a referral is NOT presented at the time of service, the patient will be responsible for payment in full for services provided at that time. **All co-pays are due at the time of service. If we do not participate with your insurance company, we will not bill your insurance carrier and not accept payment from them as payment in full for services performed. Any balance not covered by the insurance company becomes the responsibility of the patient.** We will provide you with an itemized bill so that you may submit the charges to your insurance company for reimbursement.

In auto accident cases, we accept auto insurance payments including your benefits under PIP (Personal Injury Protection). It is your responsibility to provide us with this important information as well as your signature (and your attorney's) on the Authorization and Assignment Form. Your insurance carrier does not tell us your remaining benefits. This is your responsibility to find out and forward to us the information. After you have reached your maximum PIP benefit, you are responsible for any remaining balance. If other insurance may cover the remaining balance, it is your responsibility to provide all necessary cooperation and information to our office that will allow us to pursue reimbursement from that source.

Guarantee of Payment on Motor Vehicle Accident / Personal Injuries

If your motor vehicle or personal injury claim becomes a litigation case, then **I, (patient name) _____** agree to name **Integrated Physical Therapy Services, Inc.** as part of the settlement and pay any outstanding balances in full. If your case reaches settlement and Integrated Physical Therapy Services, Inc. does not receive payment we retain the right to send your account to collections for payment in full.

In Worker's Compensation cases, We will send appropriate claim forms for services rendered on your behalf. If and when a claim is denied, we will expect payment from the patient within thirty (30) days of the receipt of denial by the carrier. If you have other insurance options that may cover these costs, we will assist you obtaining reimbursement from this alternate source if we are notified by you within the thirty (30) days following the original denial of coverage.

Please bear in mind that not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

We must emphasize that as therapy providers, our relationship is with you, not with your insurance company. While the filing of a claim is a courtesy that we extend to our patients, **all charges are strictly your responsibility from the dates services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, it is your responsibility to contact us promptly for assistance in the management of your account.**

I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY SET FORTH ABOVE. I AGREE TO THE TERMS OF THE FINANCIAL POLICY. I ALSO UNDERSTAND AND AGREE THAT THE TERMS OF THE FINANCIAL POLICY MAY BE AMENDED BY INTEGRATED PHYSICAL THERAPY SERVICES, INC. AT ANY TIME WITHOUT PRIOR NOTIFICATION TO THE PATIENT.

Signature of patient and/or guardian

Date