

WELCOME

Our staff would like you to know that we are committed to providing you with the best care possible. In order to achieve this goal, we are in need of your assistance and understanding of our office policies.

INITIAL CONSULTATION: The patient is responsible for the first 20% of the bill, due and payable at the time of the office visit. As a courtesy, the office will bill your insurance company, providing you furnish the office with a completed insurance form or insurance card. If the patient does not have medical insurance, payment in full will be required at the time of service.

INITIAL CONSULTATION (MEDICARE): Since our office accepts Medicare assignment, we will bill Medicare for you. Patients who have Medicare only are responsible for the coinsurance portion approved by Medicare. If you have a secondary insurance, we will also bill them for you.

CANCELLATION OF APPOINTMENTS: All cancellations must be made 24 hours prior to the scheduled appointment. Patients will be excluded from the Physical Therapy program if they miss two consecutive appointments without any notification. Patients who are late 10 minutes or more will not be able to see a doctor or therapists and will have to reschedule their appointment. Your appointment is reserved for you and is for your benefit, so we encourage you to attend all your appointments.

WORKERS' COMP: Must be pre-approved before the patient may receive services.

TYPES OF PAYMENT: Cash, checks, Visa, MasterCard

While the filing of your Insurance Claim is a courtesy that we extend to our patients, we must emphasize that as a medical care provider, our relationship is with you — the patient — not the insurance company. Not all services are a covered benefit in all contracts and you must realize that your insurance is a contract between you, your employer and the insurance company. All charges are the responsibility of the patient. Our staff will gladly discuss your proposed treatment and answer any questions relating to your insurance.

If you have any questions about the above information or are uncertain regarding the insurance coverage, please do not hesitate to ask for assistance.

I, THE UNDERSIGNED, AGREE WITH THE TERMS AS LISTED ABOVE:

Signature: _____ Date: _____
