

EAGLE CENTER PHYSICAL THERAPY FINANCIAL AGREEMENT

We are committed to providing you with the best possible care. If you have medical insurance, we are anxious 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 YOUR RESPONSIBILITY 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 upfront.

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. We are not a party to that contract.
2. Our fees are considered to fall within the usual, customary, and reasonable range for this area; however, there are companies that reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. You will be responsible for paying for these charges.

YOU WILL BE RESPONSIBLE FOR ANY CHARGES THAT YOUR INSURANCE COMPANY DOES NOT COVER.

MISSED APPOINTMENT

A charge of \$25 will be billed to you personally if you do not call and cancel your appointment with 24-hour advanced notice. **PHONE 907-696-5678**

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 the necessary authorization. If you have no coverage, we offer an extended payment plan provided regular monthly payments are received per the agreement.

WORKER'S COMPENSATION CLAIMS

We accept assignment on worker's compensation claims if treatment has been authorized by the insurance carrier. If a claim becomes contested or controverted 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 (HIPAA)

We do not release information unless we have a Release authorized by the patient. We do not use a billing service.

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. All returned checks will be charged a \$25 processing fee in addition to the amount due. A \$35 per month may be charged for unpaid balances over 30 days.

Signature

Date