



## Financial Policy

As a courtesy to our patients, Physical Therapy for Women attempts to verify patient insurance eligibility and benefits prior to the physical therapy evaluation. This verification process occurs on-line, and unfortunately the information provided can occasionally be incomplete or outdated. We do our best to provide you with accurate coverage details, however keep in mind we **cannot guarantee** information until we receive an explanation of benefits (EOB) from your insurance carrier after a claim has been filed. We encourage our patients who are concerned about their insurance coverage for physical therapy to contact their insurance carriers directly. Please notify us if you have any financial questions as they arise.

Thank you for choosing *Physical Therapy for Women Inc.* as your physical therapy provider. We strive to provide you with the most conservative, comprehensive level of care while respecting your individuality and current physical status. Please understand that payment of your bill is considered a part of your treatment. We require you to read and sign the following statement on our financial policy:

All patients are given the patient information form to complete prior to your evaluation. This allows us to verify your insurance coverage, therapy benefits, deductible, and co-pay information during your evaluation if at all possible. You will be responsible for any remaining deductible, co-pay, and any non-covered services **at the time of service** unless other arrangements have been agreed upon. ***We will gladly file your insurance for you; however you are ultimately responsible for payment of services received under the care of Physical Therapy for Women.***

**Usual and Customary Rates:** *Physical Therapy for Women, Inc.* is committed to providing optimal patient care while charging what is termed "usual and customary rates." You are responsible for payment in full regardless of any insurance company's arbitrary determination of usual and customary rates, unless we have a current contract with your insurance carrier. You are also responsible for full payment of each visit regardless of any insurance company's arbitrary determination of what is not medically necessary and reasonable.

**Medicare:** We participate with Medicare, and will file all claims as well as all supplemental policies. Medicare patients are required by Federal Law to pay 20% of the amount allowed by Medicare. **This is due at the time of service**, if not already satisfied with another medical provider.

**Collection Charges:** The patient will be held responsible for any collection charges incurred by *Physical Therapy for Women, Inc.* in pursuing payments from patients with delinquent accounts. The patient will be responsible for a **\$30.00** returned check fee.

**Missed Appointments:** *Physical Therapy for Women, Inc.* always reserves one full hour for each appointment/treatment session in order to provide the best level of care for our patient's needs. **If you will be unable to make a scheduled appointment, please provide 24-hour notice of any cancellations or requests for change in your scheduled appointment. Any appointments canceled under three hours to appointment time or a no-show for an appointment will result in a \$50.00 charge to the patient. By giving appropriate notice of changes to your schedule, you allow other patients to receive care.**

**No Show Policy:** In order to provide the best and most effective care to you and our other patients-please understand our no-show policy. This applies to all appointments that are canceled under 3 hours notice, or a no-show at the appointment time. **A phone call reminder notice is sent after your first no show and the associated fee is waived as a courtesy. Upon the second no show a phone call reminder notice is sent and you will accrue a \$50.00 charge. Possible dismissal from the practice will occur after the third no show in a 6 month period.**

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Signature

Date