



## FINANCIAL POLICY

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Thank you for entrusting *Perry Physical Therapy* (PPT) with your physical therapy rehabilitation. We are a service oriented organization relying on you, as a patient, to keep PPT in practice in order to give every patient the best possible, we must establish certain rules for payment of service rendered.

### **ALL FEES FOR SERVICE ARE DUE ON THE DATE THE SERVICES ARE RENDERED**

#### **EXCEPTIONS:**

**PPO Group Insurance:** If benefits are assigned, patient is responsible for deductible and co-payment on the patient's date of service. PPT will wait 60 days from the date of service for payment from the insurance plan. If no payments from the insurance are received at 60 days, the patient will receive a bill from PPT for these services.

**Auto Insurance:** If benefits are assigned, PPT will wait 60 days from the date of last service for payment. If no payments from the insurance are received at 60 days, the patient will receive a bill from PPT for these services.

**Medicare:** PPT will wait 60 days from the date of service for payment. If no payments from the insurance are received at 60 days, the patient will receive a bill from PPT for these services.

**Workers' Compensation:** No payment is required from the patient.

\*\* PPT will bill your insurance company as a courtesy to you. **DUE TO THE LARGE NUMBER OF MEDICAL INSURANCE COMPANIES EACH PATIENT IS RESPONSIBLE FOR KNOWLEDGE AND FOLLOW UP OF THEIR OWN INSURANCE COVERAGE FOR PAYMENT.** Insurance companies are varied and policies change often. The patient is responsible for any balance owing after insurance has paid. PPT requires payment within 30 days from any outstanding charges. After 120 days from the date of original service, any unpaid balance will be assessed at 12 % interest per annum. This will be assessed on 1% per month basis.

### **Cancellation Policy**

As a courtesy to our therapists and other patients, we request 24 hour notice when cancelling an appointment. If notice is not given within 24 hours, PPT reserves the right to charge \$25.00 for your missed visit. If you need to call after hours, your message on our answering machine will be considered 24 hours notice. For your information, insurance companies do solicit information regarding attendance.

### **Patient Authorization, Release, & Signature**

I authorize treatment by the staff at *Perry Physical Therapy*, and authorize the release of information to other health professionals and my insurance company. I have read the above estimation of benefits from my insurance company and agree to verify this information by reading my insurance benefits from my insurance company. I do not hold *Perry Physical Therapy* responsible for the contract between myself and my insurance company. I have read the financial and cancellation policies, and I understand and agree to the terms set forth herein.

**Patient / Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Responsible Party / Insured's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_