

## FINANCIAL POLICY

Thank you for trusting us as your physical therapy provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered your responsibility. The following is a statement of our Financial Policy which we require you read and sign prior to any treatment.

All patients must complete our Information and Insurance form before seeing a physical therapist. If insurance information is not given, we will ask for payment at the time of service.

### WE ACCEPT CASH, CHECK, VISA OR MASTERCARD

#### Regarding Insurance

We cannot bill your insurance company unless you give us your insurance information. At your initial appointment, we will ask for a copy of your insurance card. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Payment for physical therapy charges are your responsibility. Insurance claim forms are mailed weekly to your insurance company. If your insurance company has not paid your account in full within 60 days, the balance will automatically be your responsibility. Patient statements are mailed at the beginning of each month. It is the responsibility of each and every patient to make sure they contact their insurance company to verify physical therapy coverage prior to their first appointment at Columbia Orthopedic and Sports Physical Therapy. It is also the patient's responsibility to make sure they do not exceed the outpatient physical therapy benefit limitations. Any co-pays are to be paid at the time of each appointment, unless special arrangements have been made. We also recommend calling the insurance company periodically to check on the status of your benefits.

**We are not responsible for any balance accrued due to benefit limitation overage.**

#### Usual and Customary

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

#### Missed Appointments

In the event that you are not able to keep an appointment, we ask that you give us at least 24 hours in advance. We have the right to deny scheduling appointments ahead if you display a pattern of cancelling or missing appointments.

If you have any questions regarding our Financial Policy, we will be more than willing to discuss them with you.

**I have read, understand and agree to this Financial Policy.**

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Signature of Patient or Responsible Party

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Date