



Physical Therapy & Hand Centers

Finance Policy

Cash Accounts: Payment of \$200 is due at the time of service.

Private & Group Insurance Plans: You are required to pay your copayment at the time of service. Physical Therapy & Hand Centers, Inc. will bill your insurance company once you have provided a completed insurance information sheet and copy of your insurance card(s). This service is provided as a courtesy to our patients. Patients are ultimately responsible for prompt and full payments for all services provided. We accept cash, checks, Visa, and Mastercard. Please be advised that there will be a \$25 service charge applied for each returned check.

Your insurance is a contract between you, your employer (if applicable) and the insurance company. It is the responsibility of each patient to know their benefits and if prior authorization is required by their insurance company prior to physical therapy treatments. Failure to obtain prior authorization may affect the benefits paid by your insurance company. It is each patient's responsibility to pay for all services regardless of any agreement you may have with an insurance company, employer, union, government or legal suit. If your insurance company fails to pay the claim in a timely manner, you are responsible for the payment of the contracted amount in full.

Medicare: Physical Therapy & Hand Centers, Inc. is authorized by Medicare to provide physical therapy services. We will submit a completed claim electronically to Medicare for you.

All Patients: If you are unable to keep your appointment, please notify us 24 hours in advance. For each no-show appointment and each cancellation without 24 hours notice, a \$50 fee will be added to your account. Patients are responsible for notifying Physical Therapy & Hand Centers, inc. of any changes to their insurance(s) and present their new insurance card(s) to the Patient Care Coordinator. Patients that neglect to notify Physical Therapy & Hand Centers, Inc. of any insurance changes (including but not limited to: medical groups, Medicare reassignments, etc) are ultimately responsible for payment of claims regardless of insurance type.

I authorize Physical Therapy & Hand Centers, Inc. to furnish my insurance company and my physician with all information requested concerning my illness or injury.

I authorize and assign any and all money payable to me under the terms of any insurance policy, contract, or third party entitlement as a result of the services provided by Physical Therapy & Hand Centers, Inc. to Physical Therapy & Hand Centers, Inc.

Patient Signature : _____ Date: _____

Thank you for taking the time to read and fully understand these Finance Policies. If you have any questions or have any special circumstances, please do not hesitate to discuss them with us.