COMSTOCK PHYSICAL THERAPY

Financial Policy and Agreement

Thank you for choosing Comstock Physical Therapy (CPT) as your physical therapy provider. The following explains our Financial Policy and Agreement which you must read and sign prior to any current and future medical evaluation or treatment in our office.

1. Your insurance contract is an agreement between *you and your insurance company*. In the event your charges are denied by the insurance company, you will be responsible to pay them. **Please contact your insurance company to verify physical therapy eligibility and benefit information.**

2. You will receive a statement from CPT after previous dates of services have been processed by your insurance company. If you would like more detailed statements or you would like to receive statements prior to insurance processing, please let us know.

3. You are responsible to promptly return all correspondence and information required by your insurance company.

4. Insurance co-payments are due at the time services are rendered. We do not bill you for co-payments. A fee will be charged on all returned checks. We accept cash, credit cards, and checks.

5. Patients without insurance are required to pay for services in full at the time services are provided. If you are unable to do so, you will need to make payment arrangements with our office prior to receiving any treatment or evaluation. **We reserve the right to refuse making payment arrangements.**

6. **Unless prior financial arrangements have been made,** outstanding balances are payable in full no later than **30** days (after statement date). A 1% fee per month may be charged on outstanding balances over 30 days (after statement date). Accounts with outstanding balances over **90** days (after statement date) may be referred to an outside agency for further collection activity.

<u>Authorization & Release of Information</u>

I authorize payment of physical therapy benefits to which I am entitled under my health insurance plan to CPT for services rendered by its therapists and/or staff. I agree to pay collection costs and/or reasonable attorney's fees if any delinquent balance is deferred to a collection agency or an attorney for suit. I further authorize and direct said agency, attorney, or insurance company to pay to CPT from the proceeds of benefits of any recovery or insurance payments in my case. I understand and acknowledge that this in no way relieves me from my personal responsibility for paying CPT if any balance is owed.

X_____ Date:_____

Signature of Responsible Party

Labor and Industries Policy

_____ Should you choose to repeatedly cancel or if you no-show once, your referring physician and claims manager will be notified and your next scheduled appointments may be filled.

_____ L&I will pay only for services related to on-the-job injuries. If they deny your claim, you are responsible for 100% of the charges and must pay your balance per CPT's Financial Policy. If you claim is denied and you would like us to bill your private insurance, please complete the "secondary insurance" section on the Patient Registration Form today.

Automobile/Bicycle or Personal Injury Protection Cases Policy

_____ Usually your insurance company will pay for your physical therapy treatment services through the Personal Injury Protection coverage. When this coverage runs out, or you are asking we bill a Third Party PIP, and the Third Party does not pay within 60 days, CPT will bill your regular medical insurance company, or you, for remaining services rendered per CPT's Financial Policy.