



PHYSICAL THERAPY FINANCIAL POLICY

We are committed to providing you with the best possible care. If you have medical insurance, we are here to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

Payment for services is due on each visit for charges incurred up through your last visit. We accept cash, checks, MasterCard, American Express or Visa.

Please read carefully:

1. Your insurance is a contract between you, your employer and your insurance company. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50% or 80%) of U.C.R. "U.C.R." is defined as usual, customary and reasonable by most companies. This statement does not apply to companies who reimburse based on an arbitrary schedule of fees, which bears no relationship to the current standard and cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. These particular services, if any, are your responsibility.
4. Medicare patients are responsible for the co-insurance unless being covered by a secondary insurance.
5. If this injury is work-related, a claim number is required before treatment begins. If a claim number has not been received, or your case is denied by BWC, then you are responsible for each additional visit. We will bill your primary medical insurance until a claim number is received. We require, on your initial visit, that you provide us with your medical insurance to insure payment of the account if your case is not allowed. If you already have a claim number, please provide us with the number on the registration form.
6. For liability cases, where another party is responsible, you need to provide us with all the billing information. If you have an attorney, please provide this information on the registration form. It is this office's policy that a letter of protection must be received from your attorney prior to starting therapy. Without this letter, you become responsible for the account in full.
7. If primary coverage is not able to be verified, or if your case/insurance claim is in litigation, you as the patient are responsible for payments at the time of service. A refund for the amount paid will be available within 48 hours, once we are reimbursed by the payor.

8. Copays, Coinsurance, deductibles are your responsibility. Our office is contracted with Credit Check UP for collections services. Should your account become delinquent a fee of 30% of the outstanding balance will be added and the account will be turned over for collections.

Again, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. By signing the Policy agreement, you authorize your insurance benefits to be paid directly to Marquette Rehabilitation and Sports Medicine Center d/b/a Active Physical Therapy, and acknowledge that you are financially responsible for any balance.

If you have any questions about the above information or any uncertainty regarding insurance coverage, please don't hesitate to ask us. We are here to help you!

I have read the above policies and agree.

Please sign and initial the policy receipt and acknowledgement and agreement form to verify that you have been notified of our financial policy.