



## Patient Information & Financial Policies

Patient Name: \_\_\_\_\_ Date : \_\_\_\_\_

### GENERAL RECOMENDATIONS

We recommend that you wear comfortable clothing such as sweat pants, t-shirt, shorts & good athletic shoes. We do provide shorts and gowns that may be necessary for your physical therapy evaluation. For the safety of your young children we ask that they not accompany you into the treatment rooms or gym. Parents should accompany Patients under the age of 18 to therapy to assist with therapy instruction and treatment.

### APPOINTMENTS

We recommend that you schedule future appointments before you leave the clinic. Our policy is to telephone you the day before your scheduled appointment as a reminder. (Please notify us if you do not wish to be telephoned) We require Twenty-four hours notice to cancel appointments. Messages left on our answering machine are considered 24-hours notice. **There is a \$75.00 charge for No Show and Appointments cancelled without 24-hour notice.**

We need to be informed of the dates of your doctor appointments. This allows us to communicate your progress to the doctor before your next doctor appointment. Please notify your physical therapist at least one week prior to your next doctor visit.

### FINANCIAL POLICY & INSURANCE

Our policy is to contact your insurance company to verify coverage and obtain authorization for your treatment if needed. We need a copy of your insurance ID card and your permission to contact the insurance company. We ask that you be aware of your insurance benefits, referral requirements and policy exclusions as all reasonable charges for your therapy are your financial responsibility.

*(ATTENTION MEDICARE PATIENTS: The Centers for Medicare Services (CMS) Requires Us To Obtain a Copy of Your Medicare Card)..*

Payment of co-pays or co-insurance amounts is required at the time of your visit. Payment is required if you do not have insurance coverage or proof of insurance coverage is not available at the time of your visit. If we are informed that your insurance deductible has not been met, we ask that you make a minimum payment of \$100.00/visit until the deductible amount is satisfied.

As a courtesy, we will file your primary insurance claims. We file clean insurance claims in a timely fashion. Patients with outstanding balances over 90 days from the date of service will be asked to pay down their balance to a minimum of \$250.00, with the balance to be paid off within 3 months. Unpaid balances will accrue interest at a 1.5% monthly rate (18% APR). Outstanding balances include instances where the insurance company is slow to pay, disputes the charges, or demands additional information to process the claim. Patients involved in litigation are required to pay for each treatment at the time of service.

### AUTHORIZATION

"I authorize the release of any medical or personal health information (PHI) necessary to process medical claims. I also request the payment of insurance benefits directly to Evergreen Sport & Spine Physical Therapy, PC. This is a direct assignment of my rights and benefits under this policy."

I have read and understand the above information and accept that I am responsible for all charges resulting from physical therapy at Evergreen Sport & Spine Physical Therapy.

\_\_\_\_\_  
Patient or Authorized Signature

\_\_\_\_\_  
Date