Sports Motion Physical Therapy

Enhances Motion & Prevents Injury

PAYMENT POLICIES

PLEASE READ THE POLICIES AND PROCEDURES REGARDING THE PAYMENT ON YOUR ACCOUNT. LET US KNOW IF ANYTHING IS UNCLEAR TO YOU.

CHECK TYPE OF PLAN:

☐ CASH ACCOUNT	☐ MEDICARE
☐ PRIVATE INSURANCE	☐ MED-PAY (ACCIDENT)
☐ WORKER'S COMPENSATION	☐ OTHER

CASH PATIENTS:
INITIAL EVALUATION IS **$150.00**. ANY SUBSEQUENT VISITS ARE **$100.00**

PRIVATE INSURANCE PATIENTS:
WE REQUIRE ANY DEDUCTIBLES, CO-PAYS AND/OR CO-INSURANCES, AT THE TIME OF TREATMENT UNLESS PRIOR FINANCIAL ARRANGEMENTS HAVE BEEN MADE. AS A COURTESY, WE WILL BILL YOUR INSURANCE COMPANY AND WILL MAKE EVERY REASONABLE EFFORT TO ASSIST IN EXPEDITING PAYMENT. HOWEVER, YOU ARE SOLELY RESPONSIBLE AND PERSONALLY GUARANTEE PAYMENTS OF SERVICES RENDERED REGARDLESS OF THE PERFORMANCE OF YOUR INSURANCE COMPANY.
(ANY UNPAID PORTION OF YOUR BALANCE EXCEEDING 90 DAYS WILL BE ASSESSED AS INTEREST AT A RATE OF 1.5% PER MONTH (18% ANNUALLY)

MEDICARE:
MUST SEE MD AND HAVE A PRESCRIPTION FROM MD EVERY 30 DAYS. IF YOU DO NOT HAVE A MEDICARE TRUE SECONDARY INSURANCE, YOU MAY BE RESPONSIBLE FOR THE BALANCE. THE BALANCE WILL BE DUE ONCE MEDICARE ISSUES THEIR PAYMENT.

WORKER'S COMPENSATION:
NO PAYMENT IS REQUIRED. **PRESCRIPTION FROM MD IS REQUIRED.**
AUTHORIZATION FOR TREATMENT **MUST** BE RECEIVED BY THE CLINIC PRIOR TO ONSET OF THERAPY.

ACCIDENTS/MED-PAY: ***** WE DO NOT ACCEPT LIENS*****
IN THE CASE OF AN AUTO ACCIDENT, WE WILL BILL EITHER YOUR MED PAY OR PRIVATE INSURANCE. IF EITHER IS MAXED OUT, PATIENT IS ULTIMATELY RESPONSIBLE FOR PAYMENT OF BILL. COPIES OF MEDICAL RECORDS ARE SUBJECT TO A $65.00 FEE. THE COST REFLECTS STORAGE AND PREVIEW OF CHARTS TO CORRECT POSSIBLE ERRORS AND TAKES CONSIDERABLE TIME AND EFFORT TO COMPLETE. RECORDS WILL NOT BE RELEASED UNTIL BILL IS PAID IN FULL.

SIGN IN SHEET:
You are required to sign in and date your sign in sheet when you come in for a visit. If you forget or fail to sign, our chart notes will be absolutely legal representation that you did receive physical therapy services.

INFORMED CONSENT:
We treat you here for all your physical therapy needs. Our goal is to provide you with the best physical therapy services to improve your health. However, please be aware that symptoms can be exacerbated, decreased or be about the same and regardless of treatment received, you are still ultimately responsible for your bill. There may be issues with your insurance company and some charges may be outstanding for an unknown period of time. If this occurs, we have the right to charge for any and all unpaid charges to the patient for up to four years from the last date of service rendered.

I have read the above and understand the potential financial responsibility for services rendered. I also hereby acknowledge that I am ultimately responsible for any unpaid balances due to **SPORTS MOTION PHYSICAL THERAPY.**

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(SIGNATURE OF INSURED, AUTHORIZED GUARANTOR) **(DATE)**