



## Patient Financial Agreement

Keeping the lines of communication open with all of our patients on all matters is a key focus of Rapid Rehabilitation. The following are the financial policies and expectations for our office. Please read carefully, and if you have any questions, please do not hesitate to ask a member of our office staff for clarification.

- Upon arrival to our office, please check in with the front desk and inform them of any changes to your insurance coverage, contact information, or payment information.
- As a courtesy we will call your insurance company prior to your first visit, as long as we were given this information, so that you will know what your financial obligations will be for your physical therapy. Physical therapists are specialists and your insurance company will process your visits as such. So if you have different copays for PCP vs specialist you will have the specialist copay. Unlike your PCP we only bill an office visit on your evaluation and thereafter you would be charged based on what procedures were performed during that visit so you might see multiple codes on your statement or explanation of benefits.
- **FINANCIAL POLICY:** We bill your personal insurance carrier solely as a courtesy to you. You are responsible for your bill. Per the contractual obligations we have with your insurance company, we are required to collect all payments at the time of treatment unless payment arrangements are made prior to your treatments. If your insurance carrier does not remit payment to us within 60 days, the balance owed will be due in full from you. In the event that your insurance company requests a refund of payments made to us, you may be responsible for the amount of money refunded to your insurance company. If any payment is made directly to you by the insurance company for services billed by us, you recognize an obligation to promptly remit the payment(s) to us.

- We require a credit card to be kept on file with our office. For your privacy and protection, this credit card information is kept on a secure third party website and only the last four digits will be visible. This card can be charged for the following reasons:
  - Visit payments not collected from you at the beginning of your visit
  - No-show or late cancellation charges
  - Insurance discrepancies that are not resolved within 60 days of the date of service
  - Outstanding balance greater than 60 days past due
  
- All visit payments are due before the start of your treatment each visit.
  - We do our best to estimate the amount that your particular insurance plan will apply to your deductible, co-pay or co-insurance, or hold you, the patient, responsible for each visit. If your insurance company deems you responsible for an amount that differs from what we estimated, this will be considered as the patient's responsibility and will be billed to the patient.
  
- There will be a \$35 fee charged for all checks returned for insufficient funds.
  
- You will receive a statement in the mail for any unpaid balance due on your account. Failure to make a payment within 60 days of the billing cycle will result in the collection process to begin. Should you fail to make payment on your account the matter may be settled in District Court with all expenses added your bill. If this account is turned over to our collection agency, 33 1/3% of the account balance will be added for collection cost.
  
- There is a \$10 admin fee for all copies of records plus 50 cents a page.

**I have read and understand this patient financial agreement. I agree to comply and accept responsibility to the terms outlined above.**

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

Guarantor Name: \_\_\_\_\_  
(If different from patient)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_