

Financial Policy

Dear Patient:

We appreciate your confidence in choosing AC Physical Therapy clinic for your physical therapy needs. Please take a moment to review our financial policy so that you understand your responsibility regarding the charges for the services rendered to you by this office. We require you to read and sign this document prior to receiving treatment.

When asked and as a courtesy to you we will try to give you general guidelines about what your insurance policy might cover. Since medical insurance is an agreement entered into by you and your insurance carrier, you are ultimately responsible for knowing the specifics of what your policy covers. Payment is due at the time of service. Acceptable forms of payment are cash, check, Visa, MasterCard, and Discover.

If you are a self paying patient upon check in we may ask you to allow us to take a copy of your driver's license and a blank check or copy of your credit card prior to your visit with the therapist. This will be used at check out unless you provide us with cash payment instead.

If we participate (are contracted) with a commercial insurance plan under which you are covered, we will bill the carrier for the charges that relate to covered services rendered. We will bill both your primary and secondary insurance plans for covered services under the contracted plans. Complete insurance information including referrals from other providers for primary and secondary insurance coverage must be made available to the practice, including all identification and benefits cards/documents, or accurate filing of claims. You are responsible at the time of service for payment of the annual deductibles, co-payment and or charges for non covered services. In certain circumstances a payment plan may be worked out in advance.

About co-payments:

If you are an enrollee of a managed care plan (HOM or PPO) that we are contracted with , you are required to pay the co-payment each time you are seen and it must be paid before you see the therapist. If you are not prepared to pay the co-payment we will make an exception and keep the appointment; however, it will be considered due and payment can be made by phone following the appointment and no later than the following appointment.

About annual deductibles:

In addition to the co-payment, some plans also have an annual deductible for certain services. You are required to pay this at the time of the service. In the event that there is a balance due from you after your insurance carrier has paid its portion, we will bill you. We only send three bills. The last statement will advise you that no further bills will be sent and that the account will be turned over to a national collection service. To avoid this please pay your bill promptly after you receive your first statement. If you do not understand the reason you owe a balance please do not hesitate to contact AC Physical Therapy and our staff will explain the balance to you and answer any questions you have.

About referrals:

If you are enrolled in an HMO which requires a referral from your primary care physician you must have the referral with you or sent to us in advance of your visit in order to be seen by the physical therapist. If you arrive with no referral, you have the option of paying for the visit. Payment will be held for three days and refunded if a referral from the primary physician is received at AC Physical Therapy.

In the event that we are unaware of a change that is not covered by your plan you will be billed that balance after we obtain the denial from your insurance company.

We are Medicare participating providers. We will bill Medicare and Medigap carriers. You will be responsible at the time of service for payment of the annual deductibles, co-payments, and charges for non-covered services.

You will be asked to sign a waiver of liability form known as an ABN (Advanced Beneficiary Notice) in the event that a service is provided which we know is not or have a reason to believe may not be covered by your insurance carrier.

If you have Medicare as well as secondary coverage with a commercial plan that is not Medigap or is an insurance company with which we have no contract we will file a claim to your secondary/supplementary carrier. If no payment is received from your secondary/supplemental carrier within 60 days after we file a claim, you will be sent a bill and will be responsible for the balance.

For non-Medicare patients who have insurance coverage with an insurance carrier with which we have no contractual relationship, please note the following: you are responsible at the time of service for payment of all services. You will receive forms at the time of service which you can use to bill your primary and secondary insurance plans for any reimbursement that may be due you under your policy. Please understand that since we do not have a contract with your plan, our fee schedule will not be adjusted at that time. Rather, if your insurance carrier has denied your reimbursement we will adjust the charges for self pay and you will be eligible reimbursement for the difference between the normal fee schedule and the self pay fee schedule. If you would like to see these fee schedules please ask a staff member who will be happy to show you.

Notice to our patients:

This time is reserved exclusively for you. We reserve the right to charge you for missed appointments or appointments canceled or broken without 24 hours advanced notice.

Your signature below signifies that you understand our financial policy and your responsibility regarding charges incurred in this office. by this agreement, you also authorize treatment and the release of medical information relation to your care to you insurance company(s) and authorize insurance payments to be made directly to AC Physical Therapy for the physical therapy treatment provided under your insurance agreement and otherwise payable to you.

You understand that delinquent accounts are subject to finance and/or re-billing charges.
Please sign below and return to the reception desk:

Patient Signature

Date