

USA PHYSICAL THERAPY FINANCIAL POLICIES

Thank you for choosing USA Physical Therapy for your physical therapy needs. We are dedicated to providing the best possible care and service to you. A complete understanding of your financial responsibilities is an essential element of your treatment.

Your insurance policy is a contract between YOU and YOUR Insurance Company. The physical therapist is not involved in this contract. Full payment is YOUR responsibility. Co-pays are due at the time that services are rendered. We accept Cash, Checks, and Debit/Credit Cards.

Regarding Insurance:

We may accept assignment of insurance benefits. We will bill your insurance company upon receipt of your current insurance information. If your insurance company has not paid your account in full within 45 days, the balance may automatically billed to you. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare Guidelines and/or other medical insurance.

Usual and Customary Rates:

Our facility is committed to providing the best treatment for our patients and we charge what is usual and customary in our geographical area and/or the fee schedule that your insurance company has provided.

Medical Necessity:

Your health insurance will pay only for services that it determines to be "reasonable and necessary" under the Medicare laws. If Medicare/Your Health Insurance Company determines that a particular service, although it would otherwise be covered, is not reasonable and necessary, Medicare/Your Health Insurance will deny payment for that service. If Medicare/Your Health Insurance Company denies payment you are personally and fully responsible for payment.

Non-Insured Adults Patients:

Adult patients are responsible for full payment at the time service is rendered.

Non-Insured Minor Patients:

The adult accompanying the minor and the parents or guardians of the minor are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been arranged by the owner of the facility, office manager, attorney lien (Signed by attorney), third-party lien, or payment by cash check, debit/credit at the time services are rendered and verified.

NO SHOW/LATE CANCELLATION:

If you MUST cancel your appointment, 24 hours notice is required. "NO SHOW" patients and cancellations with less than 24 hours notice will be charged a \$25.00 fee.

I HAVE READ THE FINANCIAL POLICY AND I UNDERSTAND AND AGREE TO THIS POLICY.

Signature of Patient or Responsible Party _____ Date: _____