

## Payment and Billing Policy

Thank you for choosing **Catz Physical Therapy**, dedicated to keeping you active. As a courtesy, we will contact your insurance provider to verify eligibility and benefit information. **This verification is not a guarantee of benefit or payment. You should also contact your insurance company to request your physical therapy eligibility and benefits.** It is your responsibility to understand your insurance policy, which is a contract between you and your insurance provider.

**Insurance:** We will submit bills to most insurance companies on your behalf, and will assist you to maximize your insurance benefits. However, you are responsible for payment of all charges, including deductibles, co-insurance, co-payments and any and all denied charges. We will bill you periodically as we receive payments from your insurance company. **Insurance co payments** are due at the time of service.

**Payment:** If your insurance carrier does not remit payment to us within 60 days, the balance owed will be due in full by you. Payment for charges we have billed to you is due within 15 days of the date on your bill. **For those without insurance,** payment in full is expected at the time of service. We accept cash, check, and most major credit cards.

**Returned Checks:** Checks returned to the bank for insufficient funds will be subject to a fee of **\$25.00**.

**Legal Costs:** If it is necessary to commence legal action for the collection of any outstanding charges on your account, you will be responsible for our incurred costs and/or court fees, in addition to your outstanding balance.

**Medicare:** We accept Medicare assignment. Please provide us with any secondary insurance information you may have. You will be responsible to pay any applicable co insurance, deductibles, and all Medicare allowable unpaid balances on your account. We will provide you with assistance and information regarding current Medicare policies.

**Liens/MVA's:** We accept liens and cases of motor vehicle accident on a case-by-case basis. Arrangements for billing will be made prior to your first visit through contact with the insurance company, adjustor, or lawyer in your case. You will be responsible for any unpaid portion of your bill (please see the "Payment" section above for terms).

**Referrals:** A written prescription for physical therapy will be necessary to bill your insurance. If a primary care physician's referral or a written prescription is required by the health insurance company, it is the patient's responsibility to provide us with this referral and any subsequent referrals needed for further treatment. We will assist you as much as possible with this process. If a referral is not obtained prior to your first visit and insurance denies payment, you may be held responsible for payment in full.

**Cancellation Policy:** Please be on time to your appointments so that you may be given the full benefit of your scheduled treatment. Late arrival of more than 15 minutes may result in shortened treatment time or cancellation. **We require 24 hours advance notice of cancellation; otherwise a \$25.00 fee will apply.**

### Financial Agreement/Assignment of Benefits:

I authorize payment of medical benefits as determined by the Insurance Company directly to **Catz Physical Therapy**. I authorize the release of any medical information relating to all claims for benefits submitted on behalf of me and/or dependents. As a patient or legal guardian, I understand I am responsible to pay for all services rendered in accordance with the terms and conditions set forth in this policy. Any money paid to me by my insurance company for services rendered and billed by **Catz Physical Therapy** shall be paid to **Catz Physical Therapy** immediately upon receipt. My signature on this form indicates that I have read, understand and agree to the policies of Catz Physical Therapy.

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Signature of Patient or Legal Guardian if under 18 years old

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Date