

Physical Therapy Partners
Financial Policy

PTPnv

Dear Patient:

Thank you for choosing us for your physical therapy needs. In order for us to better serve you, please take a moment to read and understand our Financial Policy.

Payment at Time of Service

Full payment is required at the time of service. **Effective March 1st, 2024, a 4% convenience fee will be added to all card transactions. This fee is waived for cash or check payments.** If you have a deductible that has not been met, we will estimate what your portion will be. There may be a balance due once insurance processes your claims. We will keep you informed of the progress with monthly statements. In addition, all co-pays and co-insurances are due at the time of service.

Health Insurance & Patient Responsibility

Your health insurance policy is a contract between you and your insurance company. The patient, parent or legal guardian is ultimately responsible for all charges incurred; however, we will bill your insurance company. As a courtesy, Physical Therapy Partners will prepare a "Summary of Benefits" for you to review and sign at your initial appointment. The Summary of Benefits is NOT a guarantee of payment, but is an informational tool for your reference, based upon benefit information we receive from your insurance carrier. Should your claims process differently than expected, you are still responsible for payment. It is your responsibility to know your benefits and specific policy information.

If a referral is required by your insurance carrier, our office will attempt to obtain one from your physician. If we are unable to, you will be notified and it will be your responsibility to obtain a referral and bring it with you to your initial visit. If a referral is not obtained and your claim is denied, you will be responsible for full payment.

It is the responsibility of the patient to ensure the office staff is notified of any changes to your insurance, referring doctor, mailing address or phone number.

Medical Liens

If you require medical treatment as a result of an accident, it is your responsibility to notify our office staff prior to treatment with Physical Therapy Partners. It is our policy to contact the attorney and private insurance carrier to coordinate responsible party and payment information. A Lien Agreement must be signed by the patient and the patient's attorney PRIOR to the commencement of medical treatment. In addition, if you have a medical lien in place, Physical Therapy Partners requires a \$25.00 payment from you at each visit. You will be reimbursed the amount you pay to Physical Therapy Partners with your settlement.

Financial Questions

If you have a question regarding your insurance, payments, balance or payment arrangement, please speak with a staff member. Your therapist is focused on your care and treatment, and we ask our patients to refrain from these discussions in the gym.

Patient/Parent/Guardian Signature: _____

Date: _____