

# TOTAL *Kids* PEDIATRIC THERAPY

## FINANCIAL and INSURANCE ELIGIBILITY POLICY

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Here at TOTAL Physical Therapy and Wellness, we are committed to providing you with the best in Therapy care. In order to do this without compromising our patients; this policy has been implemented for each patient. If you have medical insurance, we are happy to assist you in receiving your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our payment policy. Verification of benefits is NOT a guarantee of payment. Payment is determined by your insurance company at the time a claim is received. We provide you with the information as it is outlined by your insurance company. It is your responsibility to fully understand your insurance benefits. Payment for services is due at the time services are rendered unless other acceptable and agreed upon arrangements have been approved in advance by our staff. We accept cash, checks, Visa, MasterCard and Discover. We will be accommodating to you in the process of seeking reimbursement from your insurance carrier. In special instances we may accept assignment of insurance benefits. Deductibles and Co-payments must be made at each visit. It is our policy to collect a percentage of each visit or the entire fee until a deductible has been reached. Please be further advised that Returned checks and balances older than 30 days from your treatment discharge may be subject to additional collection and legal fees, as well as interest charges of 2% per month. Co-insurances are recommended to be paid at each visit but NOT required. However, once insurance has processed your claims, any outstanding balance greater than \$250, you will be required to be make a payment before continued services will be rendered. If you participate with our in-network groups, we will bill your insurance company and accept assignment of benefits. You will be responsible for any co-pays or deductibles at each visit. We will verify your coverage and determine your out-of-pocket cost prior to treatment starting. We will gladly discuss your proposed treatment and answer any questions relating to your insurance. However, you must realize that: 1. Your insurance is a contract between you, your employer (if applicable) and the insurance company. 2. Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. 3. Not all services and diagnosis codes are a covered benefit in all insurance contracts. 4. We will not COMPROMISE patient care based on an insurance companies "FEE SCHEDULE." 5. Verification of your insurance benefits is not a guarantee that payment will be made. In cases involving Auto Claims and Worker's Compensation, we will ONLY accept payment directly from the patient or from their insurance company and will arrange to accept payments from attorneys on a case by case basis. If a patient has instructed their insurance company to send payment to their attorney, the patient will be billed and held solely responsible and accountable for their bill. We will accept settlements on auto accounts only after prior approval and a letter of protection is on file. We must emphasize that as a Medical provider, our relationship is with you, not your insurance company. While the filing of an insurance claim is a courtesy that we extend to our patients, all charges are your responsibility from the date the services were rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. We do have payment plans in place and will be more than happy to share those terms with you. Any accounts that are inactive for greater than 60 days, will be sent to our corresponding collection agency. If you have any questions about the above policy or any uncertainty regarding your insurance coverage, PLEASE don't hesitate to ask us. WE ARE HERE TO HELP YOU! By signing this form you agree to the above terms.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_