

FINANCIAL AND OFFICE POLICIES

Welcome to Core Physical Therapy LLC. (CPT) Please read the following financial agreement and office policies of CPT. These policies and agreements allow Core Physical Therapy to provide a high level of individualized care for your health care needs.

By signing this policy you as the client acknowledge and agree to following terms:

Fees are Due on the Same Day of Service

Core Physical Therapy LLC does not perform direct billing to insurance companies. Fees are due on the same day of service. In this manner Core Physical Therapy LLC is able to provide extended individualized care for each client. As a courtesy to you Core Physical Therapy LLC will provide you with an invoice for the treatment provided each session. This invoice will include fees for services received as well as diagnostic and procedure codes for your insurance company. Your insurance company will then reimburse you directly for the fees you paid for the physical therapy services received.

Operating as a fee for service physical therapy clinic allows billing procedures and administrative processes to be simplified. This allows Core Physical Therapy LLC to reduce its fee schedule by 25%. Due to the fact that many insurance policies have high medical deductibles and also allow for out of network services this 25% reduced fee schedule for same day payment may ultimately allow you to spend less money out of pocket for the services received. But most importantly this policy allows your physical therapist to have a full hour to provide you with direct one on one care to address your health concerns fully and completely.

There may be an independent waiver of these conditions determined on an individual basis by Core Physical Therapy LLC. Such an example may be due to a state documented work injury.

Release of Information

I authorize Core Physical Therapy LLC to release any health records to my health insurance if necessary for the purpose of billing and processing my claim if the above condition is waived and direct billing to my insurance company is performed.

I also agree to allow Core Physical Therapy LLC. to release my medical records and discuss health related and financially related issues to all health care providers, lawyers, case managers, and insurance representatives involved in my case. This may include a faxed or photocopy of the original release I signed.

Cancellations and Missed Appointments

I understand that in order for Core Physical Therapy LLC to provide physical therapy services for each of its clients that I will provide at least 24 hours of notice (one business day) prior to my scheduled appointment. I understand failure to do so will result in a missed appointment and payment for this missed appointment in value of \$60 will be made prior to my next appointment. Emergency circumstances will be considered on an individual basis.

I understand this condition is in effect to allow other clients waiting for an appointment the opportunity to receive physical therapy services from Core Physical Therapy LLC. I understand CPT also reserves the right to not schedule a client for services if this condition is not fulfilled.

Assignment of Insurance Benefits

If an independent agreement is made by Core Physical Therapy LLC to bill my medical insurance, Core Physical Therapy LLC has my permission to submit billings to my insurance company on behalf of myself, and I authorize these payments to be made directly to Core Physical Therapy LLC. I agree to pay all outstanding balances within 30 days of receiving a balance statement. I also agree to pay all insurance co-payments, deductibles, and non-covered charges at the time of service. Should my account be referred to an attorney or collection agency for collection I will pay attorney fees and collection expenses. I understand a 3% interest fee will accumulate on any continuing balances monthly.

I _____ (Patient's name) have received and reviewed the above Financial and Administrative Policies of Core Physical Therapy LLC. My signature serves as documentation that I understand and agree to these policies.

Signature

Date