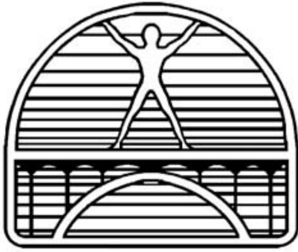

FOLSOM PHYSICAL THERAPY

and Training Center

Financial Policy

We are committed to providing you the best possible care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our financial payment policy.

Payment is due at the time of service unless special payment arrangements have been approved in advance by our staff. We accept cash, checks, Visa, and MasterCard. We will be happy to process to your insurance claim for reimbursement. However, **it is the patient's responsibility to familiarize themselves with their own insurance policy and understand their terms and coverage thoroughly regarding physical therapy.**

Returned checks and balances older than 30 days may be subjected to additional collection fees and interest. Charges will be made for cancellations or missed appointment ("no shows") without a minimum 24-hour notification.

We will be happy to discuss your questions and concerns relating to your specific physical therapy coverage. You must realize, however, that:

- Your insurance is a contract between you, your employer, and the insurance company; we *are not* a party to that contract.
- Our fees are generally considered to fall within the acceptable range by most insurance companies and, therefore, are covered up to the maximum allowance determined by each carrier.
- This statement does not apply to companies that reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost and care in this area.
- Not all services are covered benefit in all contracts. We suggest you find out if physical therapy is covered under your insurance contract.

We must emphasize that, as physical therapy providers, our relationship is with you, the patient, and not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered.

If you have any questions regarding the above information, please do not hesitate to ask us.

I, ____, have read and understand the above Financial Policy.
(PRINT NAME HERE)

(Patient/Guardian)Signature:______________________________________Date: _______________________

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115 Natoma Street ♦ Folsom, CA 95630 ♦ (916) 355-8500 ♦ Fax (916) 355-8196