

PATHWAYS PHYSICAL THERAPY , INC.

FINANCIAL AGREEMENT

Please check the box as you read the following:

Know your insurance coverage before you come for treatment. Even though you have insurance, it is **NO GUARANTEE** that your PT visits will be covered. Your insurance policy is a contract between you and your insurance provider. It is up to you to know your policy benefits. Ask your provider if you need a prescription or prior authorization for Physical Therapy.

We will bill your primary insurance company. If you have a secondary insurance, notify us on your first visit. If our billing system does not automatically bill your secondary, you are responsible for submitting the claims(s).

Please come prepared to pay your deductible, co-pay or co-insurance at the time of service to receive PT service. Cash, check or charge cards are accepted. A maximum balance of \$100.00 can be on your account before scheduling another appointment.

I must strictly enforce my **NO SHOW/LATE/CANCELLATION** policy. "Regardless of the reason" to avoid the ethical dilemma of waiving it for one reason over another. The exception to this is if you do not feel safe driving (including impending weather conditions)

CANCELLATION: Please provide by phone 24 hour notice to avoid a **\$75.00** charge. Emails or Texts are not accepted as a means of cancellation.

NO SHOW: **\$105.00** (a reduced amount of the full treatment)

LATE: Insurance does not cover or reimburse for the missed scheduled time. Therefore, you are charged per the insurance 8 minute rule of **\$35.00** per unit missed no matter the reason. Two missed appointments, without proper notification, is an automatic discharge from treatment.

It is to your advantage to pay at the time of service. Any balance due after (30) days will be assessed interest at 12% per annum.

Treatment balances uncollected after ninety (90) days will be turned over for collections.

I understand the above agreement to pay for my physical therapy service. I authorize release of medical information to insurance companies, attorneys and doctors.

Signature: _____

Date: _____

(Rev 8/17)

