ROCKLIN PHYSICAL THERAPY, INC.
FINANCIAL POLICY/AGREEMENT TO PAY

When you are in the midst of being treated for a medical condition, it's easy to forget that a physical therapy office is also a business. We understand that. Yet we also want our patients to understand that an important part of any business is collecting payments for the services it provides. In the interest of both good medicine and good business, we believe it's best to establish a policy to avoid any misunderstandings later.

- How we handle insurance claims:
  We will make every attempt to verify eligibility and co-payment amounts prior to your first office visit; however, please understand that verification of coverage is not a guarantee of benefits. Actual plan coverage and benefit payment is determined when a claim is received. We will be prompt in handling any requests for information to facilitate your claim(s).

- You are responsible for paying your bill:
  Your insurance coverage is a contract between you and your insurance company.
  Our office is not involved in setting your coverage limits, exclusions to your contract, or waiting periods. That means it's your responsibility to see that your insurance company covers your bill. All copayments are due at the time of service. All co-insurance and deductible balances are due when we receive the explanation of benefits from your insurance company and post to your account. All ***patient*** balances older than 30 days will be subject to a monthly rebill fee of $20.00 per month. Checks returned by the bank are subject to a $25.00 charge.

  If any payment is made directly to you for services billed by us, you recognize an obligation to promptly remit same to ROCKLIN PHYSICAL THERAPY. INC.

  (The above does not apply for those patients that are considered Worker's Compensation. However, be advised as a Workers Compensation patient, you will be held responsible for all charges incurred in the event that your claim is denied).

- You are required to give our office at least 24 hours notice if you know that you will be unable to keep your scheduled appointment. In the event that you do not cancel your appointment within the 24 hours, a $30 late cancellation fee will be assessed to your account. Should you no-show a scheduled appointment, a $30.00 no-show fee will be assessed to your account. These fees are not billable to the insurance; therefore you will be responsible for the incurred fees.

- We invite you to discuss our fees or financial policies with us.

  We are always happy to answer any questions about costs, insurance claims, billing questions or financial plans.

I request and authorize ROCKLIN PHYSICAL THERAPY. INC. to provide me with medical care and treatment. I understand that I am personally responsible for the charges for the services I receive and agree to the terms and conditions as specified above.

I hereby authorize ROCKLIN PHYSICAL THERAPY. INC. to bill my insurance carrier and any other persons or parties who may be liable for payment of these services. I authorize my insurance carrier to make payment directly to ROCKLIN PHYSICAL THERAPY, INC. I agree to pay all reasonable attorney fees, court costs and collection agency fees (accounts assigned to collections will also be assessed a $50 collection transfer fee) incurred by ROCKLIN PHYSICAL THERAPY. INC. if my account is not paid as agreed.

I, hereby, authorize ROCKLIN PHYSICAL THERAPY. INC. to release all information necessary, including medical records, to secure payment.

Date_____ **Signature**_____