



WELCOME TO MIDWEST PHYSICAL THERAPY SERVICES

Financial Policy

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

If you have insurance, we will be happy to file your insurance claims however, it is your responsibility to make sure the claims are being paid in a timely manner. While we are able to verify insurance coverage, most insurance carriers will not guarantee payment until they receive the claim and diagnosis. Your coverage may be subject to limitations and we encourage you to check with your insurance company regarding your particular plan.

MEDICARE GUIDELINES

If you have received home health or outpatient physical therapy through another clinic, **please advise us**. A written referral signed and dated by your physician is required. There must be evidence in the clinical record maintained by the therapist that a physician has seen the patient at least every 90 days. Therefore, it is the patients responsibility to make an appointment with his/her referring physician every 90 days from the date of the initial evaluation, if physician has not agreed to therapist's plan of care in order for Medicare to reimburse for the services rendered.

We must emphasize that as medical care providers, our relationship is with you, 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.

Payment is due at the time services are rendered unless payment arrangements have been approved in advanced by our staff. This includes charges not covered by insurance, Co-Pays, co-Insurance, and deductible. To help meet your deductible, we will collect \$100 at each visit until your deductible is met. You may receive a bill for additional deductible due. Coinsurance will be billed. They are due at the time of receipt and will be mailed out on the 1st and 15th of every month. If you are unable to pay the full amount a payment plan may be arranged for you. We accept cash, check, or credit card.

A fee of fifty (\$50) dollars will be charged if a client does not arrive for a scheduled appointment without at least a 24 hour notice. This charge will not be submitted to the client's insurance and will be at the sole responsibility of the client. -Cancelling two or more visits makes you eligible for discharge.-Returned checks and balances older than 30 days may be subject to additional collection fees and interest charges of 1.33% per month.

We realize that temporary financial problems may affect timely payment on your account, and if such problems arise, we do encourage you contact us promptly for assistance.

Signature

Date

Gaurdian (if minor)

Date