

## Financial Policy

Thank you for choosing River Parish Physical Therapy & Wellness. We are committed to providing you with the best possible care for you. We ask that you read and acknowledge the terms of our Financial Policy.

**PAYMENT:** All payments including Copay, Coinsurance and Deductible are due on the date of service. We accept cash, checks, all Credit Cards, and Debit cards. As a courtesy to our patients, we will contact your insurance provider to verify your physical therapy coverage. We cannot, however, guarantee the accuracy of the information we receive from your insurance provider.

**COINSURANCE/DEDUCTIBLE:** If you have a plan with coinsurance percentage or deductible which has not been met, we will estimate the coinsurance/deductible amounts based on what we have been led to expect your insurance company will pay. Please note that any payment made on the date of service is considered a **DEPOSIT** toward your **ESTIMATED** patient balance. Because this is an estimate, there is always the possibility that you may be either responsible for an additional balance or due a refund. If a refund is due – it will be promptly provided. If it turns out that your insurance company payment is less than expected – you are responsible to promptly pay any additional balance due. An unpaid balance over 60 days past due may be referred to a collection agency, without an established payment plan on file, we will begin immediate collection actions.

**INSURANCE:** We encourage you to call your insurance company with any specific questions related to your policy's outpatient physical therapy benefits such as deductible, copayment, coinsurance, visit limitations i.e., sharing of outpatient benefits with acupuncture, chiropractic or occupational care, effective annual calendar renewal date, or any pre-authorization requirements. River Parish Physical Therapy & Wellness, LLC. cannot assume responsibility for incorrect information provided to us concerning your insurance policy. Our courtesy verification of eligibility and benefits does not guarantee that your insurance company will pay for all services provided. **Your insurance policy is a contract between you and your insurance company. You are responsible for knowing your level of coverage and are ultimately responsible for the full payment of your bill. I as the patient authorizes payments of medical benefits to River Parish Physical Therapy and Wellness, LLC.**

**UPDATES:** It is important that we have your correct information on file. Please advise us anytime there is any change to your address, telephone, or other contact information. If you are issued a new insurance card, please allow us to take a copy of it for your file. If your insurance changes or discontinues mid-treatment, please notify us immediately so there is no delay in billing.

**MINORS:** A parent or legal guardian must accompany the minor patient at the time of the initial visit. The parent or legal guardian is responsible for full payment as outlined in this financial policy. If the parents are separated and both legally responsible for the child, you must provide complete information from both parents. The parent or legal guardian that accompanies the minor patient to the clinic will have full responsibility for the payment should any dispute arise.

**WORKER'S COMPENSATION AND MOTOR VEHICLE ACCIDENT:** It is your responsibility to provide us with the name and address of the insurance carrier along with your claim number. If we do not have verifiable billing information before your second appointment, your therapy will continue either on a cash basis until we receive the necessary billing information pertaining to your injury, or we obtain private insurance information. If, for any reason, your claim is denied, we will attempt to bill your private health care insurance, but please understand that ultimately you are responsible for full payment. Any attorney "letter of protection" for claims being disputed or in litigation will be discussed on a patient -by- patient basis and will not always be an acceptable form of payment guarantee. If that is the case, we will need alternate insurance information or transfer your account to a cash pay basis. If your claim is in a "deferred" status, we will need to have private insurance information on file in the event your claim is denied or pending litigation.

**Please see other side**



**FINANCIAL ASSISTANCE PROGRAM:** We have a payment assistance program for qualifying families with limited incomes and/or extenuating circumstances. To determine whether your family qualifies for this program please call and request and application. All requests for the assistance program will require the following information: **Completed application form, Copy of your last income tax form, All applicable W-2 forms, Two most recent pay stubs from each employed adult in the family, A copy of the check stub from the unemployment office,** if applicable.

**CANCELLATION POLICY:** Therapist time is reserved for your appointment – if you are unable to keep your appointment, we kindly ask that you provide us with 24-hour advance notice of cancellation. If you fail to cancel a scheduled appointment 24 hours in advance, or “no-show” an appointment, we reserve the right to assess a \$50.00 cancellation fee.

**Late arrival for appointments:** If a patient is more than 15 minutes late for an appointment, we reserve the right to reschedule. Late arrivals are subject to the cancel/no show fee of \$50 for the session.

**RETURNED CHECKS:** A \$25 NSF (non-sufficient funds) fee will be charged for any checks returned to our office because of insufficient funds. If we receive a returned check, we will notify the patient or responsible party immediately and request that a cash payment be brought to one of our location within 24 hours to replace the amount of the full amount of the check.

**NON-PARTICIPATING INSURANCES / CASH RATE:** We believe that no one should be denied physical therapy services secondary to lack of insurance coverage. Our clinic offers a discounted cash rate to those who do not have appropriate insurance coverage. Payment will be required at the time of service unless arrangements are made in advance. Please inquire about our current cash pay rate. If you have insurance in which River Parish Physical Therapy & Wellness does not participate or you are seeking treatment outside your network, payment is due at the time of service. Our office staff will assist you in filing a claim with your insurance company for services rendered as a courtesy.

**SUPPLIES:** Some Physical Therapy supplies are not covered by insurance, and you will have to pay a fee for these services. These will be explained to you, and you will have the opportunity to “opt out” of the service before incurring a charge.

**I have read and understand the above River Parish Physical Therapy & Wellness, LLC Financial Policy, agree to the terms, and understand that I am ultimately responsible for payment of the health care services provided. I as the patient authorize payments of medical benefits to River Parish Physical Therapy and Wellness, LLC.**

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Print Name of Guarantor (if applicable)

\_\_\_\_\_  
Signature of Patient (or Guarantor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Physical Therapist

\_\_\_\_\_  
Date