

# **Rising Sun Physical Therapy Financial Policy**

As part of our commitment to provide you with the best possible care we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy, or your responsibility.

All patients must complete our "New Patient Package" before their first treatment.

The actual cost of treatment will depend on the extent of your problems, and will be discussed at your first visit. Any additional supplies needed will be an additional charge. If you have health insurance we strongly encourage you to check with your provider to determine whether or not your treatment is covered.

## **Insurance**

As a courtesy to our patients, we will file your physical therapy claim with your insurance company. However, your insurance contract is between you and your insurance company. If your insurance company has not paid in full within 45 days of the service date we will give you 15 days to bring your account current. Balance in full will be requested upon your next visit unless other payment arrangements are made. All deductibles, co-insurance information and co-pays are due at the time of service.

Many insurance companies cover the cost for physical therapy treatment if you obtain a prescription from your medical doctor. The prescription should include the date, diagnosis, a request for physical therapy evaluation and treatment, and the medical doctor's signature. Be aware that your coverage depends on your policy and a medical prescription does not guarantee that services will be covered.

## **Self-Pay**

If your insurance does not cover physical therapy, only covers partial cost of treatment, or you do not have insurance, you may qualify for special arrangements to help finance the cost of your treatment.

We offer discounts for payment at time of service, including special package rates to those who need more intensive treatment. We will discuss which package is ideal for your situation at your first visit.

## **Missed Appointments and Cancellations**

Appointments must be cancelled no later than 12 noon the day before the appointment, and noon on Friday for Monday appointments.

Any cancellations made after 12 noon the day before the scheduled appointment are considered late and will be assessed a cancellation fee.

First late cancellation	\$ 20.00
Second and any following late cancellation	\$ 80.00
Appointments missed without notice	\$128.00

Two or more missed appointments are grounds for dismissal from treatment.

We understand that unavoidable delays may occasionally prevent you from getting to your appointment on time. Unfortunately, due to the nature of our work, we do not have the flexibility to keep patients beyond their scheduled appointment time. You will be billed for any time that cannot be billed to your insurance company.

## **Collections**

In rare cases, when we are unable to collect any outstanding balances in our office, we may, at our discretion, use an outside collection agency or credit reporting service. A \$50.00 service fee will be added to your account if we have to utilize any outside agency.

Returned checks will incur an additional \$35.

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Print patient or guardian name

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Patient or guardian signature

Date

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Witness

Date