



## FINANCIAL POLICY

**Insurance** - It is the patient's responsibility to understand their benefit and follow the guidelines as required by their insurance carrier. Patients are responsible for obtaining all necessary referrals and prescriptions for physical therapy as required by the insurance carrier. Patients who do not follow the guidelines of the insurance carrier will be required to pay 100% of fees at the time of service. Prior to treatment, we will verify your insurance benefits and take all reasonable action to provide accurate therapy benefit information for your specific plan. Be aware that verification of your benefits is not a guarantee of payment from your insurance carrier. All claims are subject to review by your insurance carrier. Patients are responsible for all non-covered charges per the insurance carrier, charges deemed not medically necessary by the insurance carrier or charges not payable due to Employer Plan Provisions.

**PER VISIT CO-PAYS, PLAN YEAR DEDUCTIBLES AND COINSURANCES ARE DUE AT TIME OF SERVICE.** Per visit copays not paid at the time of service are subject to a \$10.00 monthly billing fee.

**Medicare** - Patients covered by Medicare are required to be under the care of a physician. We will bill Medicare for you and in most cases Medicare will pay 80% of allowable charges. We will bill your secondary medical insurance, if applicable, for your Medicare deductible, your 20% coinsurance and any charges deemed not medically necessary by Medicare.

**Worker's Compensation** - If at any time the insurance company would deny claims, the claims will be billed to the patient's health insurance carrier and subject to that carrier's stipulations. If there is no health insurance available, the patient will be responsible for 100% of the charges.

**Auto Accident** - Patients are required to present a copy of the completed Personal Injury Protection (PIP) claim form in order for claims to be filed with the auto insurance carrier. If approved PIP claim form is not on file at time of initial evaluation, we will submit claims through patient's health insurance. If patient does not provide health insurance, patient will be required to pay 100% of the fees at time of service. Patient is responsible for ensuring that the required referral guidelines as set forth by the health insurance carrier have been followed.

**Legal Cases** - We do not treat patients on a contingency basis; therefore, we do not wait for settlement of legal cases to receive payment for services. All payments must be made at the time of service.

**Equipment and Supplies** - As a convenience, we carry some items that your therapist may suggest for your comfort. These items are to be paid for at the time of purchase and cannot be returned for health and sanitary reasons. Most insurance companies do not cover equipment/supplies, thus we do not bill insurance carriers for these items.

**Finance Charges** - A monthly 1.5% finance charge will be assessed on any unpaid patient balance that is 30-days overdue. All balances that reach 90-days past due will be sent to a collection agency. You will be financially responsible for a collection fee of 25% of the balance due and any legal fees or court fees that our office incurs through the process utilized to collect the outstanding delinquent balance.

## CANCELLATION POLICY

We require 24-hour advance notice if you need to cancel a scheduled appointment. **Patients will be charged \$40.00 if 24-hour advance notice is not given.**

## PAYMENT METHODS

You may pay with cash, check, Visa, MasterCard or Discover. **There is a \$50.00 fee for all returned checks** You may pay online through the Howard County patient payment portal at [www.mmpt-hcpt.com](http://www.mmpt-hcpt.com).

**HOWARD COUNTY PHYSICAL THERAPY IS NOT RESPONSIBLE FOR ANY PERSONAL ITEMS WHILE TREATMENT IS BEING RENDERED OR FOR ANY ITEMS LEFT OR LOST IN THE FACILITY.**

Thank you for giving us the opportunity to serve you. Please feel free to ask us any questions about our services, policies and fees.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Rev 1/1/19