

Active Rehab Center, Inc.

Active Rehab Center, Inc.

PHYSICAL THERAPY AND MASSAGE CLINIC

Active Rehab Center Financial Policy

Page 1 of 2

Dear patient, thank you for choosing Active Rehab Center as your physical therapy provider. We are dedicated in providing the highest possible medical care in the field of physical therapy and massage to all our patients and clients. Active Rehab Center team is helping you not only in your health needs but also, as a courtesy to you, we assist you with recovery of your financial responsibilities, pertaining to medical services received in Active Rehab Center from your medical insurance carrier and/or carriers (if applicable).

Although we are contracted with many insurance companies, our services may not be covered by your particular insurance plan. Being referred to our clinic by your physician does not necessarily guarantee that your insurance will cover our services. Please remember that as a policy owner, you are responsible to know your policy and you will be accountable for all charges incurred. Your physician referral and our verification of your insurance benefits are not a guarantee of payment.

If you are covered by health insurance with physical therapy benefits, we will be happy to bill your insurance. Please provide your primary (and secondary if applicable) medical insurance information to the front office staff and we will verify your coverage as a courtesy. Failure to provide Active Rehab Center representative with accurate information may result in wrongful submission of the billing on your behalf and generate unnecessary financial burden on you as a policy holder. Accepting your insurance does not place all financial responsibilities onto this practice, and you will be held accountable for any unpaid balances by your plan/plans.

We highly recommend you also contact your own insurance carrier and/or carriers and check into your coverage for physical therapy and/or massage services with Active Rehab Center. Do not assume that you will not owe anything if you have more than one insurance policy.

In-Network: Patient and/or client is responsible for meeting the in-network deductible before his/her insurance will pay for services rendered. Patient and/or client is responsible for co-payment and/or coinsurance as specified in his/her medical insurance policy. Patient and/or client is responsible for payment of any services rendered, but not covered under his/her policy. Co-pays, co-insurance and/or deductibles are due at the time of the service.

Out-Of-Network: Patient and/or client is responsible for meeting the in-network deductible before his/her insurance will pay for services rendered. Patient and/or client is responsible for co-payment and/or coinsurance as specified in his/her medical insurance policy. Patient and/or client is responsible for payment of any services rendered, but not covered under his/her policy. Co-pays, co-insurance and/or deductibles are due at the time of the service. Please be aware that your financial responsibility out-of-network may significantly vary from those in-network as specified by your particular insurance carrier policy.

The office manager at your location will explain this information to you prior to your first visit. At the conclusion of your visit with us you may be billed for any outstanding balances.

Active Rehab Center, Inc.

Active Rehab Center, Inc.

PHYSICAL THERAPY AND MASSAGE CLINIC

Page 2 of 2

Missed appointment policy: Please note that 24-hour advance notice is required to reschedule or cancel your appointment. All no-shows and cancelations on the date of your appointment will incur \$25.00 no-show/no call fee.

Cash Accounts, Bounced Check: Full payment for the services rendered are due at the time of your appointment. There is a \$35.00 bounced check service charge. Payment will then, need to be made by cash, money order for the balance due. Credit card payments will have additional 5% fee.

Minor: A parent or a legal guardian must accompany the minor patient at the time of initial visit. The parent or legal guardian is responsible for full payment as outlined in the above financial policy.

Personal Injury, Liability, Auto, or Involvement of an Attorney: Patient and/or client is required to complete and sign all of the patient/client registration forms prior or at the first visit. They should contain your liability carries name, address, phone and fax numbers, claim number, adjustor name and his phone number with extension if known. You will still need to provide us with a copy of your primary and secondary personal health insurance cards. In the event your claim/claims are denied by the liability carrier, or that the personal injury protection benefits are exhausted, we will file claim/claims with your personal health insurance policy. If your personal health insurance policy denies such claim/claims for any reason, you will be responsible for the full payment of your bill.

Consent for Care/Treatment: I hereby agree and give my consent for Active Rehab Center to furnish medical care and treatment to me in accordance with my Doctor's prescription or other treatment considered necessary and advisable by the attending provider.

Release of Information: I authorize Active Rehab Center to obtain any diagnostic test results, including but not limited to X-ray/ MRI reports, surgical reports that may pertain to this current medical condition.

I have read and understand the above Financial Policy, Consent for Care/Treatment, and Release of Information and agree to the conditions listed above.

HIPPA Privacy Policy: By signing below you agree to the above policies. A hard copy of our privacy policy is available at any time upon request.

Signature: _____ Date _____

Circle relation to patient: Self Guarantor Other _____