

Whatcom Physical Therapy Financial Policies and Consent Form

Supplies

Some physical therapy supplies are NOT covered by your insurance. Typical non-covered items include: Braces, Electrodes, Orthotics (custom arch supports), Therapy balls and lumbar/cervical pillows. It is the responsibility of each patient to determine their own coverage allowances for physical therapy supplies and recognize that in the event that supplies are not covered by their insurance, they are responsible. The cost of electrodes is \$10.00 and you will be billed for them on your first statement.

Timeliness

We value your time and don't want to keep you waiting. Occasionally we are delayed by an unexpected event with another patient but be assured that the quality of your time will not suffer. If you arrive late, your treatment will end on its scheduled time in order not to keep the next person waiting.

No Shows/Cancellations

It is important to keep any appointments you schedule or contact us if you cannot. This way we can schedule others who wish to be treated. Kindly give 24 hours notice if you have to cancel or reschedule your appointment. More than 3 cancels or no shows during the course of your treatment may influence our ability to schedule future appointments. If you have a scheduled appointment and fail to contact our office to cancel or reschedule prior to your appointment time a \$25.00 charge will be assessed to your account. This charge will NOT be assessed to your insurance company and is YOUR responsibility.

Billing Information

You will receive a statement from our office only after your insurance has been billed and responded. If your insurance pays your account in full, there will be no statement sent to you. Most insurance companies will send you an explanation of benefits (EOB) describing how they processed your charges. Any remaining balance owing (co-pays, coinsurance, and deductibles) will be placed on all outstanding balances after insurance has paid which are 30 days or older.

Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract. Therefore it is the patients responsibility to determine what their insurance company will allow for physical therapy, obtain prior approval if necessary and follow up with their insurance company on all unpaid visits.

Sending you a statement only after the insurance has paid helps conserve paper products and reduce the high cost of postage.

Co-Payments for physical therapy are due at the time of each treatment.

If after 90 days no arrangements have been made for payment, your account may be placed with a collection agency.

Patient consent and release

I understand that I am financially responsible for all charges for services rendered regardless of litigation, insurance reimbursement, or pending Labor and Industries claims. I understand the parent accompanying a minor for treatment will be responsible for payment.

I authorize Whatcom Physical Therapy to release any necessary information to my insurance carrier and authorize payment directly to Whatcom Physical Therapy for any physical therapy benefits available under my insurance plan. I have read and understand Whatcom Physical Therapy's Privacy Policies and acknowledge that my Private Health Information (PHI) will be used only as necessary as described in the Privacy Policies unless I specifically authorize additional uses. I hereby consent to treatment by Whatcom Physical Therapy clinical staff. I have acknowledged that I have read and understand the billing and attendance information above.

Patients Signature or Parent/Guardian's Signature

Date