

**Lattimore Physical Therapy – Financial Policy**

Payment is expected at time services are rendered unless specific credit arrangements are made in the advance.

***Copay(s) are due at time services are provided.***

**Patients with Medicare:** Claims will be submitted to Medicare on the patient’s behalf. Patients are responsible for an annual deductible and 20% coinsurance. A claim will be sent to your supplement insurance when information provided by the patient. If a balance remains after

**Patients with Insurance:** Patients are responsible for deductibles, co-payment, non-covered services, co-insurance, and items considered “not medically necessary” by the insurance company. A claim will be submitted by the insurance company when LPT is provided necessary billing information. Any remaining balance is due from the patient within a timely manner. If a patient or an insurance carrier pays an amount exceeding the balance, a refund will be issued to the appropriate party.

**Patients with High Deductible Insurance:** Patients are responsible to pay out of pocket until the deductible is met. The fee for physical therapy services are set by your insurance company. We are unable to discount fees set by your insurance company. We are requesting that the patients with high deductible plans make a \$65 pre-pay at each visit and we will balance bill if your pre-pay is lower than the insurance company allowed amount. If you are not willing to make a pre-payment, we will expect payment in full within 30 days of receiving a statement from the office.

**Visits per Calendar Year:** Your insurance has set limitations of the number of visits allowed per calendar year. If you exceed that visit number you will be responsible for charges for services. The office will discuss the options available with you.

**Patient Insurance Verification**

We do our very best at Lattimore to verify your Health Insurance in order to determine your proper copay, co-insurance / deductible / visit limit and if your plan is in or out of network. We cannot, however, be responsible if your plan pays differently than what we were told. Verification process is very time consuming and complicated. It is in your best interest to call your insurance to verify what your benefits will be for Physical Therapy at our Practice and Location. We will also bill to your secondary insurance as a courtesy and if there is any balance due, you will be held accountable.

**Assignment of Benefits**

I understand and agree that I am personally responsible for full payment of all physical therapy services rendered to me. I hereby transfer / assign payment of any physical therapy insurance benefits directly to **Shuman Physical Therapy Associates, P.C., and all locations associated to this corporation** and authorize release of any information regarding my treatment that is required by my insurance carrier to obtain such a payment.

**Appointments – Cancellation and NO Show Policy**

We are committed to providing you, our valued patients, excellent quality and convenient physical therapy services. In consideration of our patients and staff we do require 24 hour notice for appointment cancellations. Not showing for an appointment creates a financial and scheduling burden, therefore we are forced to charge the fees below:

**MISSED APPOINTMENTS FEES: Cancellation with less than 24 hour4s notice \$20 per instance. NO show appointments \$30 per instance.**

**Lattimore Physical Therapy reserves the right to discontinue care at this office for failure to keep scheduled appointments.**

I have read and reviewed our office(s) policies and procedures.

Signature \_\_\_\_\_  
(Patient / Guardian)

Date: \_\_\_\_\_