

CREATIVE PATHWAYS PHYSICAL THERAPY, P.L.L.C.

OUR FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our *Financial Policy* that we require you to read and sign prior to any treatment.

REGARDING INSURANCE

We will gladly bill your insurance company directly if you have provided us with all the necessary information to do so. Your contract for health insurance is between you and your insurance company. We are not a party to that contract. The physical therapy services that you receive and the bill, is an agreement between you and *Creative Pathways Physical Therapy, PLLC*. It is ultimately your responsibility to see that your physical therapy bill is paid in full. Agreements with insurance companies vary greatly and it is your responsibility to know what your insurance covers and what portion you are responsible for. Any remaining money unpaid by your insurance company will be your responsibility to pay in a timely manner. If your insurance company does not begin paying *Creative Pathways Physical Therapy, PLLC*. upon request it will be your responsibility to contact them. You will be notified of the balance due on your account, and you may request a statement of account if necessary. It will reflect what your insurance company, upon verification, told us is your portion to pay. We expect this payment within 15 days. If payment is not received within this 15-day period, a finance charge of 1.5 will be assessed per month. In the event a check is returned for any reason, a \$20.00 charge will be made to your account.

REGARDING INSURANCE PLANS WHERE WE ARE A PARTICIPATING PROVIDER: All co-pays and deductibles are due prior to treatment. In the event that your insurance coverage changes to a plan where we are not participating providers, refer to the above paragraph.

If you receive payment made out to both *Creative Pathways Physical Therapy, PLLC*. and you, please endorse the check and forward to us.

USUAL AND CUSTOMARY RATES

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the Medicaid Program and/or other medical insurances.

ADULT AND MINOR PATIENTS

Adult patients are responsible for full payment at the time of service. The parents (or guardians) accompanying a minor are responsible for full payment of the minor's treatment. For unaccompanied minors, non-emergency treatment will be denied unless charges are paid by cash or check at the time of service.

MISSED APPOINTMENTS

Because we commonly have a waiting list, unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments. The charge is full price of the missed appointment. Insurance does not pay this charge. You are responsible. Please help us serve you better by keeping scheduled appointments, or call us to cancel, in a timely manner to allow another patient to have your scheduled time.

I have read the *Financial Policy*. I understand and agree to this *Financial Policy*.

HIPAA

I acknowledge the receipt of Creative Pathways Physical Therapy, PLLC. *HIPAA NOTICE OF PRIVACY PRACTICES*.

Signed: _____

Dated: _____

Is there anyone involved in your care, or payment of your care with whom we may share your medical information? ___Yes ___No

If Yes, person's name: _____

Relationship: _____