



Financial Policy

Welcome to **Chesapeake Physical Therapy**! Our staff is dedicated to providing quality care and will do our best to help you achieve your treatment goals. We have found that communication with our patients regarding our financial policy assists us in providing the best service to you. Please take the time to read the following and sign at the bottom of the page. Thank you.

1. Our staff will contact your insurance company and verify your coverage. We will bill your insurance company as a courtesy, but this in no way releases you from being responsible for payment of your account.
2. Your insurance company will be billed weekly during your treatment. It is our policy to collect any co-pays each time services are rendered to you. Some co-pays are only estimates, and we may not know the exact amount due from you until after your claims are processed. Therefore we will estimate your co-pay based on the average patient responsibility. If there is a balance due after your insurance(s) processes we will then bill you for the balance between the amount you have paid and what the insurance says you are responsible for.
3. Statements are sent to all patients monthly. Statements will only reflect the balance owed by you on claims that have been processed. Please review your monthly statement to make sure that your insurance company is processing your claims in a timely manner.
4. You are responsible for meeting your deductible, if applicable. This will need to be met before your insurance company will begin to pay.
5. Most insurance companies require prescriptions to be updated every 30 days. It is your responsibility to obtain updated prescriptions. If your insurance company requires a referral from your primary physician, it is also your responsibility to obtain this.

In the event my account becomes delinquent and requires collection referral, I understand, acknowledge and agree that I will be responsible for all costs incurred including but not limited to reasonable attorney's fees of thirty-three and one-third percent (33.3%) of the balance owed, collection agency fees, court and process service costs.

I give my permission to be contacted by phone either at home or work.

IF YOUR INSURANCE IS:

1. Worker's Compensation: You pay nothing if pre-authorized by the insurance company.
2. Medicare: Medicare regulations require that patients see their physician on regular basis during physical therapy treatments. It is your responsibility to make sure that you have regularly scheduled appointments with your physician. Medicare requires physical therapy to be medically necessary as determined by your physician or therapist.
3. MVA: We will bill your auto insurance as a courtesy to you. In the event your Personal Injury Protection (P.I.P.) becomes exhausted, we will then bill your health insurance if applicable. You will be responsible for any deductibles, and/or copay's required by your health insurance.
4. Cases involving litigation: If your treatment is related to an injury or accident that involves legal proceedings it is our policy that we do not wait for settlement to be paid for services. You would therefore be responsible for payment at time of service.

I have received a copy of the above information and agree to the terms listed. I agree to accept responsibility for payment of all charges incurred.

Name _____ Date _____

Insurance Coverage: _____ Co-pay _____

Deductible _____ Amount to date _____

The above benefit information has been obtained from your insurance company. This is not a guarantee of coverage of benefits. Please be sure to review you health plan policy for any limitations of physical therapy. Payment for items not covered by insurance (i.e. supplies) are the patient's responsibility to pay.