

# Performance

THERAPIES, P.C.

Get results.



## Financial Policy

Page 1/2

3290 Ridgeway Dr, Suite 3  
Coralville, IA 52241  
319-665-2630

645 32nd Ave SW, Suite A  
Cedar Rapids, IA 52404  
319-363-2901

209 1st Street  
Kalona, IA 52247  
319-656-2630

762 N Center Point Road  
Hiawatha, IA 52233  
319-294-6717

DATE: \_\_\_\_\_

PATIENT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

**THANK YOU FOR CHOOSING PERFORMANCE THERAPIES, PC!** We are committed to your entire experience here being successful. As you have a financial responsibility to ensure full payment of your bill, all patients are required to complete this financial policy prior to being seen by a physical therapist and to update this information annually.

**PATIENT LIABILITY** It is the patient's responsibility to know their insurance policy's "Schedule of Benefits" and level of coverage. As physical therapy providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy we extend to our patients, all charges are strictly your responsibility. Insurance plans vary considerably, and we cannot predict or guarantee what part of our services will or will not be covered by your policy. As part of your insurance contract, you are required to pay co-pays at the time of service.

Initial \_\_\_\_\_

**WORKER'S COMPENSATION** As physical therapy providers, our relationship is with you, not your worker's compensation provider. It is the patient's responsibility to have established their workers compensation claim and verify that physical therapy is authorized. We will confirm the authorization with your worker's compensation carrier. You must provide us with a copy of your personal insurance card and a current authorized form for physical therapy signed by your physician. In the event payment for your claim is denied by your worker's compensation carrier, we will file the claims with your personal insurance policy. If your claim is denied by your personal insurance, you are responsible for the full payment of your bill.

Initial \_\_\_\_\_

**PERSONAL INJURY, LIABILITY, AUTO, OR INVOLVEMENT OF AN ATTORNEY** You must still provide us a copy of your personal insurance card. We may also need a physician's written referral for these cases, it is the patient's responsibility to have a referral if required. In the event your claims are denied by the liability carrier or that the personal injury protection benefits are exhausted, we will file claims with your personal health insurance policy. If your personal insurance policy denies the claim for any reason, you are responsible for the full payment of your bill. We do not accept an attorney 'letter of protection' for claims being disputed or in litigation and payment will be collected at time of service in these cases.

Initial \_\_\_\_\_

**VISIT LIMITS** During the course of your treatment if you approach a visit limit that requires authorization or medical review by your insurance company, please be aware that if your visits are not covered by your insurance carrier you will be financially responsible for payment of those visits.

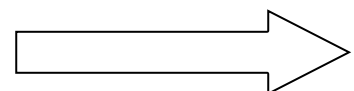
Initial \_\_\_\_\_

**INSURANCE INFORMATION** We need complete and accurate information about your policy. The patient is responsible for providing that information and to inform us of changes to insurance coverage during the course of treatment. Failure to do so may result in denial of coverage by your insurance company.

Initial \_\_\_\_\_

**NON-INSURANCE-FEE-FOR-SERVICE** This option is exclusively a non-insurance financial arrangement and is separate from the insurance scenarios. Fee-for-service receipts cannot be submitted to insurance for reimbursement. Performance Therapies, PC will reduce our standard insurance fee schedule to \$120 for each evaluation and \$90 for each follow up visit for this arrangement. To be eligible for this discount, full payment must be received for the services rendered at the time of service.

Initial \_\_\_\_\_





PATIENT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

**NO SHOW POLICY** Broken appointments represent a cost to us, to you and to other patients. They also prevent patients who need to be seen from scheduling during that time. If you 'no-show' more than two appointments you will be charged a \$25.00 fee for each subsequent 'no show'. This fee is not billable to insurance and will be collected at the next appointment. We understand that there are special and unforeseen situations and we will take those into account. Chronic missed appointments can result in denial of further treatment. **Initial** \_\_\_\_\_

**COLLECTIONS** We will work with you to avoid sending your account to collections. In the event of default on your account, your account will be turned over to a collection agency. You will be responsible for the unpaid balance and any additional collection related finance charges due to your unpaid balance. Accounts that are turned over to collections can result in denial of further treatment. **Initial** \_\_\_\_\_

**MEDICARE** Performance Therapies, PC is a Medicare-approved provider of outpatient physical therapy. All Medicare policy holders need to have a physician's referral or prescription *prior* to starting as a physical therapy patient at Performance Therapies, PC. You will also need a physician's referral or prescription prior to returning to our office if 90 days has passed since your last treatment or if you have a new issue to be treated. It is our responsibility to be sure that the plan of care is certified by the referring physician and recertified according to Medicare guidelines, this may require you to follow-up with your physician more frequently. All coverage is subject to Medicare guidelines and regulations for out-patient physical therapy. **Initial** \_\_\_\_\_

**MINORS** A parent or legal guardian must accompany the minor patient at the time of the initial visit. If the parents are separated and both legally responsible for the child, you must provide complete information from both parents. The parent or legal guardian that accompanies the minor patient to the clinic will have full responsibility of payment as outlined in the above financial policy should any dispute arise. At any follow up appointments where the parent or legal guardian does not attend, the copay will still need to be collected. **Initial** \_\_\_\_\_

**UNCOVERED SERVICES** Throughout the course of your treatment you may need a brace or other therapeutic supplies recommended by your physician or physical therapist. Performance Therapies, PC is not a DME provider therefore if you need a brace we will direct you to a DME provider that can help you order your brace. If you choose to purchase supplies through Performance Therapies, PC, payment will be collected at the time of purchase and we will not be able to submit to your insurance carrier. **Initial** \_\_\_\_\_

**The patient is ultimately responsible for all fees for service. I have read, understood and agreed to the above financial policy for payments of professional services.**

Signature: \_\_\_\_\_

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

For a copy of our policies please visit our website [PTforHealth.com](http://PTforHealth.com)