

Dynamic Physical Therapy is dedicated to providing you the most effective care and efficient service possible. Your understanding of our financial policy is an essential element of your care and service. If you have any questions regarding any aspect of our policy, please feel free to present your questions to our clinical director. If our clinical director is unable to completely answer your questions, a telephone appointment with our billing manager will be arranged.

If you have insurance and have signed an "Assignment of Benefits" statement, we will bill your insurance carrier as a courtesy for you under the condition that we are a participating provider on your plan. Any remaining balances are due within thirty (30) days of the billing statement date. Any balance unpaid after ninety (90) days will be turned over to a collection agency. If you are faced with unforeseen financial difficulties and cannot pay your bill, a payment schedule may be arranged if you qualify for financial hardship relief.

If you do not have insurance, payment is expected at the time of service. However, it is the policy of Dynamic Physical Therapy to provide essential physical therapy services regardless of a patient's ability to pay and reduced fees for services are available and offered based on a sliding fee scale depending on family income and size.

In good faith Dynamic Physical Therapy will verify your insurance coverage and explain your financial responsibility including any applicable deductibles, co-pays, and co-insurance. The information that is relayed to you on our "Insurance Verification Form" is based on information provided to us by your insurance company. If the information given to us by your insurance company is not accurate, we do not accept responsibility. You will be charged for our services according to your insurance company's final decision on the amount due to our facility. Therefore, it is ultimately your responsibility to know the details of your particular insurance policy.

Not all services are covered by all insurance carriers. If your physical therapist feels that you require services that are not covered by your insurance carrier and if you would like to receive these services, you will be asked to pay for these services out-of-pocket.

Diagnoses and services are carefully documented to comply with federal law. Under no circumstances will these be changed, altered or falsified in order to obtain coverage by insurance.

It is your responsibility to make sure we have accurate insurance carrier and billing information. If a claim is denied because of flawed insurance or billing information, including fraudulent attempts to obtain services, you will be responsible for the balance unless attempts to rectify these errors result in a successful filing of your claim.

If your insurance requires a co-payment fee, it is due at the time of service without exception. If your insurance carrier requires a co-insurance fee, you are strongly encouraged to pay your co-insurance at the time of service. If you have a deductible, you are responsible for all charges until the deductible is met. Payment for co-insurances and deductibles is an estimate and any refunds due will be provided after all outstanding charges have been paid in full.

We will make every effort to answer any questions you have regarding our financial policy as outlined above. We will also assist you with any insurance problems that may arise during the course of your treatment to the best extent we can accommodate.

My signature below indicates that I understand and agree to the financial policy of Dynamic Physical Therapy.

Patient Signature: _____ **Date:** _____