

Community Rehab of Greenville, Inc. DBA: Community Rehab Physical Therapy

PAYMENT POLICY & BILLING PROCEDURES

Unless 100% coverage has been verified, you are responsible for the co pay, coinsurance and/or deductible not covered by your insurance company. This payment is requested during each visit and is an estimate based on verification with your insurance company. We will bill you if any additional amount is due after insurance processes your charges.

If insurance information is not available or you do not have insurance, payment is due at the time of service unless other arrangements have been made.

You will receive a monthly statement which will show you the status of your account.

There is a \$35 charge for all returned checks.

INSURANCE INFORMATION

As a courtesy to our patients, we will verify and file your insurance; however, we cannot guarantee payment. We suggest that you read your policy manual as it pertains to physical therapy coverage. Some insurance companies have stipulations, such as usual and customary fees (UCR), limited therapy sessions, and limited reimbursable amounts per session for certain procedures, deductibles, co-payments/co-insurance, supplies, etc. Contact your insurance company if you have questions.

YOU ARE RESPONSIBLE FOR AMOUNTS NOT COVERED by your insurance. We have an agreement with you, not your insurance company, for receipt of payment. Please be aware of this and plan to make payments accordingly.

If you were injured on the job, Worker’s Compensation benefits will be verified; however, this does not guarantee payment. If your claim is denied, payment will become your responsibility.

LATE POLICY

In order to provide prompt service to all patients, individuals arriving **15 minutes past their scheduled appointment time** may need to be rescheduled. If you cannot make your scheduled appointment time, please be courteous enough to call and reschedule. An appointment card will be furnished to you at the time of scheduling with our contact number.

CANCELLATION POLICY

WE RESERVE THE RIGHT TO CHARGE \$25.00 FOR A MISSED APPOINTMENT WITHOUT A 24 HOUR NOTICE.

CONSENT TO TREATMENT

I understand that I have been referred for rehabilitative treatment and care to Community Rehab of Greenville, Inc. DBA Community Rehab Physical Therapy. I understand that I have the right to ask and have any questions answered prior to receiving any treatment, including any risks or alternatives to the treatment plan that has been prescribed by my physician and/or recommended by my therapist. By signing this agreement, I consent to have Community Rehab Physical Therapy provide treatment and care as prescribed by my physician and/or recommended by my therapist. The statements are true and complete to the best of my knowledge. I understand the payment policy and billing procedures of Community Rehab Physical Therapy. I hereby authorize Community Rehab Physical Therapy to furnish my insurance company(s), attorney, or other designated legal representative all information which said parties may request concerning my present illness or injury. I hereby assign Community Rehab Physical Therapy all money to which I am entitled for medical expenses related to the service reported herein, but not to exceed my total charges. It is understood that any money received from the above named parties over and above my total charges will be refunded to the payor when my bill is paid in full. I understand that I am financially responsible Community Rehab Physical Therapy for charges not covered by my insurance company. I certify by my signature that I have read and agree to this information.

Patient Signature (Parent/Legal Guardian if patient is a minor)

Date

Relationship to Patient (self, parent, guardian, spouse, etc.)

Witness