



## **Financial Policy**

We bill your insurance carrier solely as a courtesy to you. You are responsible for unmet deductibles as well as any co-pay/co-insurance at the time of your visit. If for any reason your insurance carrier pends or denies your claim, it is the patient's responsibility to pay the remaining balance. If at any time your claim has to be reviewed for medical necessity, the patient is required to cover all expenses until we are notified of the final decision. You will be refunded if, and when the insurance approves additional visits. In the event that your insurance company requests a refund of payments made, you will be responsible for the amount of money refunded to your insurance company. All patients are responsible to know their plan limits and their visit usage; if there are any questions regarding your policy or visits, feel free to ask.

If you are billed directly for any services, please promptly remit the payment to RECOOPERATION PHYSICAL THERAPY.

The above does not apply for those patients that are considered Worker's Compensation. However, be advised if your W/C benefits are subsequently denied, you may be held responsible for the total amount of charges for services rendered to you.

I understand and agree that if I fail to make any of the payment for which I am responsible in a timely manner, I will be responsible for all costs of collecting monies owed, including court costs, collection agency fees and attorney fees.

## **Cancellation Policy**

- Patients will be charged \$20 for same day cancellation or missed appointments.
- A missed appointment charge is not a fee for health care services, but rather, it is a "charge for missed business opportunity".
- Your insurance carrier cannot reimburse for this charge, it is the patient's responsibility.

**Thank you for giving us at least 24 hours' notice if you need to cancel your appointment!**

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Patient/Guardian Signature

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Date