

**FINANCIAL POLICY**

Thank you for choosing Owens Physical Therapy Specialists LLC as your health care provider. We are committed to providing you with the best treatment possible, on a mutually agreed basis.

**Billing and Insurance**

Our professional relationship is with you, and not with any insurance carrier. You are responsible for paying the full cost of treatment when it is rendered unless it is covered by insurance.

We participate with most major insurance companies and we will submit all authorized claims to the designated insurance carrier, provided we have received all required information prior to the initial treatment. For your convenience, we will request verification of your co-pays and deductible from your insurance carrier prior to your first visit. **You will be required to confirm your co-pay and deductible responsibility during your first visit, and to make required payments at the time of each treatment session (we accept cash, personal check, money order, Visa, MasterCard or Discover).** Note that quoted deductibles and co-pays are provided by your insurance carrier as estimates only, and do not guarantee payments by your insurance carrier. Some services or treatments might not be covered benefits under your group health or other insurance. You are responsible for payment of any services or treatments that might not be covered benefits under your group health or other insurance. You are responsible for payment of any services or treatments not covered by your insurance carrier.

**A copy of photo I.D. is required upon registration/admission.**

**Payment of co-insurance and/or deductible is due at time of service.**

**If you do not have insurance, total payment is due at time of service.**

**We will charge a \$30.00 fee for any returned check.**

If you are in a PPO or HMO plan, you must contact your primary care physician to have your physical therapy authorized in advance. We cannot obtain pre-authorization of physical therapy services for you.

**Workers Compensation and Auto Accident Claims**

You are responsible for payment for any treatment not covered by workers' compensation or Michigan No-Fault. If your treatment is for any injury or illness covered by workers' compensation, you will not be billed for any amount being disputed through an insurance carrier's utilization review program or which exceeds the maximum amount permitted by the State. If your treatment is covered by Michigan No-Fault (auto) insurance, only the responsible insurance carriers will be billed.

**Missed Appointments**

You will not be billed for missed appointments if you give us at least 24 hours notice of cancellation, so that we have the opportunity to schedule another patient. **However, if you cancel with less than 24 hours notice or do not show, you will be assessed a \$30 fee. If you cancel or fail to show more than two times, it may result in the inability to schedule future therapy appointments.** We appreciate your consideration.

**Past Due Accounts**

Accounts not paid within 30 days are considered past due. You are responsible for payment of any costs we incur in collecting past due accounts (such as collection agency and attorney fees).

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I understand and agree to the terms of this Financial Policy. I authorize Owens Physical Therapy Specialists LLC to bill my insurer(s) for all services rendered and I authorize my insurer(s) to make payment directly to Owens Physical Therapy Specialists for such services.

X \_\_\_\_\_  
Signature of Patient/Responsible Party (18 or over)      Date