

COMPREHENSIVE PHYSICAL THERAPY SOLUTIONS, P.L.L.C.

IN-NETWORK INSURANCE PLANS: Patients are required to provide accurate health insurance information at their initial visit. We will verify your insurance coverage however; it is the patient's responsibility to know their insurance benefits and policy requirements. Verification of insurance coverage does not guarantee payment for treatment rendered and the patient is ultimately responsible for payment of balances due on their account. It is the patient's responsibility to notify Comprehensive Physical Therapy Solutions, P.L.L.C. of any changes in health insurance coverage during the course of treatment. Comprehensive Physical Therapy Solutions, P.L.L.C. will bill any secondary insurance however a co-insurance may still apply. ****Medicare patients:** Please note that Medicare has a yearly deductible and a patient responsibility of 20%. Comprehensive Physical Therapy Solutions, P.L.L.C. will gladly bill any secondary insurance that you may have for the 20% that Medicare does not cover.

CO-PAYS AND DEDUCTIBLES: The patient is responsible for any co-payments at the time that services are rendered. Patient deductibles, co-insurances and non-covered services must be paid within 30 days of receipt of a billing statement from our office. A fee will be charged for all statements 60 days past due.

WORKER'S COMPENSATION/NO-FAULT: Comprehensive Physical Therapy Solutions, P.L.L.C. will attempt to pre-authorize any treatment through your Worker's Compensation/No-Fault carrier. In the event that a Worker's Compensation/No-Fault case is determined to be closed, or that benefits are denied, the patient will be fully responsible for services rendered.

NO SHOW/CANCELLATION POLICY: Comprehensive Physical Therapy Solutions, P.L.L.C. requires a 24 hour notice for cancellation of an office visit. A \$25.00 fee for each cancellation and NS will be charged and collected in cash prior to the next appointment for every appointment that is missed. This charge IS NOT covered by your Insurance. After 3 cancellations a patient will be scheduled on a visit by visit basis. Failing to keep your scheduled appointments impedes your rehabilitation and negatively impacts other patients. Our office strives to accommodate every patient's scheduling needs and we are unable to do so with frequent cancellations and No Shows.

ASSIGNMENT OF INSURANCE BENEFITS: By signing this you hereby authorize your insurance company to make payment to Comprehensive Physical Therapy Solutions, P.L.L.C. for services rendered to you or your insured dependent. Should any payment be sent directly to you from your health insurance carrier for services rendered at Comprehensive Physical Therapy Solutions, P.L.L.C. the patient shall remit payment(s) to Comprehensive Physical Therapy Solutions, P.L.L.C.

SELF-PAY PATIENTS: If a patient does not have insurance coverage he/she is responsible for full payment at the time that services are rendered. Please ask about self-pay pricing.

ACCEPTED PAYMENTS: Comprehensive Physical Therapy Solutions, P.L.L.C. accepts cash, checks and major credit cards for payment. We do reserve the right to charge a \$30.00 returned check fee for any check that is sent back to us from our bank that is not paid.

By undersigning, you acknowledge that you have read and understand Comprehensive Physical Therapy Solutions, P.L.L.C.'s Payment Policy Form and accept financial responsibility for all services rendered during your course of treatment.

PRINT PATIENT NAME	PATIENT SIGNATURE (PARENT/GUARDIAN IF MINOR)	DATE
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