



Financial Policy and Procedures

We are pleased that you have chosen Hands On Physical Therapy for your treatment needs. Payment for services rendered is your responsibility and is part of our relationship with you. In order to provide better communication between Hands On Physical Therapy and our patients, we have developed some simple tools to assist you in understanding your insurance and how it works. The terms of this financial policy may be amended by the practice without prior notification to the patient. Please take a moment to read the following in order to make this process as efficient as possible.

Hands On Physical Therapy participates in the Federal Medicare program. We will submit claims to Medicare for services rendered to you. We also contract with a number of managed care plans. If your plan requires a referral, we will not be able to see you without one. You are responsible for payment of your annual deductible, coinsurance, and any services not covered by your insurance company. Co-payments are due at the time of your visit.

We expect payment from the parent or guardian who accompanies a minor to our office.

Our office accepts cash or checks as payment options. We do NOT accept credit or debit cards. Past due balances are expected to be paid in full before any future appointments are made. Delinquent accounts will be forwarded to a collection agency. A 35% collection fee will be added to delinquent account.

As a courtesy to our patients, we will contact your insurance company to verify the therapy benefits; however, it is also your responsibility to find out what your benefits are. There are many different levels of insurance and each individual policy varies. It is ultimately your responsibility to know your own policy limitations and restrictions.

Please fill out ALL paperwork to the best of your ability. If you have any secondary insurance, please give us this information at the time of your first visit. We will try to make the process of the bills and payments as easy as possible. If you have any questions, please let us know, so that we can avoid any misunderstandings later.

I have read and fully understand the financial policy provided to me by Hands on Physical Therapy and agree to its terms. I authorize payments directly to Hands On Physical Therapy on all claims submitted by them to my insurance company. I authorize release of any pertinent medical records concerning my care to my insurance company, my attorney of record, and treating physicians.

Patient/Guardian Signature

Date