



FINANCIAL ARRANGEMENTS AND HEALTH INSURANCE

We will gladly discuss your proposed treatment plan and process your health insurance claim for you. You must realize, however, that:

1. Your health insurance is a contract between you and/or your employer and the insurance company. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most insurance companies and, therefore, are usually covered up to the maximum allowance determined by each insurance company. Our fees are considered usual, customary and reasonable by most insurance companies.

*Note: This statement does **not** apply to insurance companies that reimburse based on an arbitrary "schedule" of fees which bears no relationship to the current standards and costs of care in this area.*

3. Not all services are a covered benefit in all health insurance contracts. Some insurance companies identify certain services they will not cover.
4. Most health insurance policies have deductibles and/or co-payment arrangements, which generally means that you, the patient, will have some payment responsibility.

We must emphasize that, as physical therapy providers, our relationship is with you, not your insurance company. We will attempt to verify your health insurance coverage and to notify you of any deductibles, co-payments or limitations. We encourage you to contact your health insurance company if you have any questions or concerns about your coverage. While the filing of health insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions regarding the above or any uncertainty regarding insurance coverage, please do not hesitate to ask. We are here to help you.

Patient Acknowledgment: I have read and acknowledge the receipt of the above information.

Signed: _____ **Date:** _____