

**Financial Obligations of Patients**

**8238 N Government Way Hayden, ID 83835**

**Ph: 208-762-2100 Fax: 208-762-2101**

**Please sign your initials next to each section, and sign and date at the bottom, indicating that you understand and agree to the following:**

**\_\_\_\_\_\_1) Insurance Guidelines:** Lake City Physical Therapy has a contract with several insurance carriers. Individual plans may require a referral, deductible, co-payment, or prior authorization. It is the **patient’s** responsibility to be aware of these requirements and inform our office. It is not the obligation of Lake City Physical Therapy to inform you of your policy guidelines. Your insurance contract is between you (your employer, where applicable) and your insurance company. Not all services, even if medically necessary, are considered covered benefits by all policies, even from the same insurance company. Some insurance plans have no physical therapy benefits at all.

**\_\_\_\_\_\_2) Co-Payments, Coinsurance and Deductibles:** All co-payments, coinsurances and deductibles must be paid at the time of service. You may believe that you have met your deductible, but we must adhere to what we have obtained from your insurance company at the time of service. Copayments, coinsurance, and deductibles are part of your contract with your insurance company. Failure on our part to collect copayments, coinsurance and deductibles is considered fraud and can result in termination of our contract as well as you losing your insurance. Please help us uphold the law by being prepared to pay at each visit.

**\_\_\_\_\_\_3) Non-Covered Services:** Many procedures are deemed NOT medically necessary and are not covered by your insurance. You are required to pay for these services if you elect to have treatment. We do NOT bill for durable medical equipment (compression garments, TENS units, lymphedema pumps, etc.). We are not a DME distributor. You may pay out of pocket for these items and turn a claim in to your insurance company. We cannot facilitate the billing process.

**\_\_\_\_\_\_4) Third Party Payers:** If you believe that a third party (such as auto insurance or a workers’ compensation) is responsible for your medical bills, you MUST provide a valid claim number and contact name and phone number for your claims adjuster. If we do not receive payment in a timely manner, you are responsible for payment in full on your account.

**\_\_\_\_\_\_5) Payment Plans and Collections:** We understand that, on occasion, there are circumstances that may prevent you from being able to pay on your account. Please speak to us about your needs before your balance becomes too much for you to handle. If your outstanding balance gets larger than $500.00 you will be put on hold for treatment until your balance is back down to a manageable amount. Physical Therapists and Physical Therapist Assistants are not allowed to discuss financial matters. If you have questions or concerns about your account, please direct them to the office staff.

Lake City Physical Therapy refers all outstanding accounts to a collection agency. You, as a patient, are responsible for all fees included but not limited to interest, court costs, attorney fees and agency fees. In the event that an account is referred to collections, you will not be allowed to seek treatment from our clinic in the future.

If you are unable to afford your high deductible or copay OR do not have insurance, we can offer you a cash discount of $150 for your first visit and $90 for each subsequent visit. Your insurance will not be billed, and these visits do not count in any way toward your deductible or out of pocket maximums.

**\_\_\_\_\_\_6) No Show/Cancellations:** Your Appointment has been reserved exclusively for you. Any changes in your appointment affect the clinic in a negative way. It is important that all patients be on time for their appointments. If you are 15 minutes late, your treatment time will be cut to ½ hour to respect our next scheduled patient. If you must cancel your appointment, please do so within **24 hours** of your appointment time. Monday appointments must be cancelled by Friday afternoon to avoid a fee. Our **No Show/LastMinute Cancellation fee is $40.** This is strictly enforced. You must speak directly with office staff, NOT therapists to cancel your appointments so a note can be made on the schedule.

**Patient Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**