

## NOTIFICATION OF BILLING PROCEDURES

The staff at *Back to Basics Family Physical Therapy, PC* is dedicated to making the process of billing and collections easier. Charges for services that are provided are based upon the procedures that are deemed necessary by the therapist and physician to enable you to reach your goals. You are responsible for the payment of all fees regardless of whether your insurance covers all or part of the bill. If you have insurance that will pay for a portion or all of the services, we will bill your insurance company with the understanding that you provide all the necessary information, including but not limited to, a claim number, insurance card and a signed insurance form.

### FEES and EXPENSES

1. Initial Evaluation - The charge for this is a set fee of \$150.00; the rate can be pro-rated should an evaluation last longer than one hour.
2. Time sensitive direct therapy services B These can include such services as therapeutic exercise, manual therapy, traction, kinetic exercises and activities. Charges for these services are based on one to one treatment time and are billed in 15 minute increments.
3. Modalities B This can include but not be limited to ultrasound, hot packs, electric stimulation, cold packs, diathermy, etc. There are separate charges for these services which may be performed by the primary therapist and in some instances a therapy aide or assistant.

Fees are reviewed on an annual basis, and we reserve the right to adjust the fees when it is deemed necessary. Thirty day advance written notification will be provided if any fee increase is instituted.

### BILLING FOR SERVICES RENDERED

All bills for services rendered will be sent out to the insurance carrier within thirty days of the service performed. Any co-payment, co-insurance, or deductible is due at the time of service. For patients paying out of pocket, payment is expected at the time of service unless other arrangements have been made. All invoices unpaid after 45 days will be subject to the maximum interest penalty/finance charge allowed by law. *Back to Basics Family Physical Therapy, PC* reserves the right to cancel treatment if payment for services is not received, and to use whatever means necessary including an attorney, small claims court, or collection agency in an attempt to secure payment.

### ASSIGNMENT OF BENEFIT

I, \_\_\_\_\_ understand that my insurance company will be sent an itemized bill for each session in accordance to reasonable and customary charges. I agree to assign benefits directly to *Back to Basics Family Physical Therapy, PC* for all therapy services rendered. I also agree to remit any monies sent to me in error from my insurance company for services rendered at this facility. I agree to pay for all services rendered should my insurance company deny payment for services rendered, and will be responsible for any deductible, co-insurance or co-payment, to be paid at the time of my visit.

For patients who pay privately or have out-of-network benefits, payments are due at the time of your visit. If requested, we will assist you in submitting claims to your insurance company.

### CANCELLATION POLICY

This office requires 24 hours notice for cancellations. If you do not call within 24 hours, you will be charged a \$10.00 fee for the session. In addition, you will be charged a \$10.00 fee for the session if you do not show for a confirmed appointment.

I have read and agreed to the above policies and procedures.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_