

Financial Responsibilities Statement

We realize that the financial aspects of healthcare are often confusing and can sometimes be intimidating. We will do our best to help make this as understandable as possible. As long as we are provided with accurate and current insurance information, we will file the charges with your primary and secondary insurance companies. While we are pleased to be able to provide this service to you, it is extremely difficult for us to keep track of all the individual requirements of plans. Each one has different stipulations regarding how often services may be rendered and, even more importantly, who may provide those services. It is therefore very important for you to bring proof of coverage (ID cards) to your first appointment, and again whenever your plan changes or sends new cards. Take time to call or contact your health insurance about physical therapy benefits if you have not already done so.

If you have insurance coverage, we will contact your insurance company regarding the following:

- Verify whether or not we are a participating provider for your insurance plan.
- Does your insurance company require prior authorization for services in order to meet the requirements for benefits to be paid?
- Is there a co-pay or deductible with your insurance coverage? Be prepared to pay that amount the day of your appointment.
- Are there limitations on number of visits? If so, please provide us detail on number of prior physical therapy visits used this calendar year. Be aware that some chiropractic treatments are billed as physical therapy.

As a courtesy, we will submit the initial claim to your insurance company. Ultimately, it is your responsibility to know your benefits and limitations.

- If payment from your insurance company does not cover all charges, because of unpaid deductibles, coinsurance, or non-covered services, you will be responsible for any amount remaining on your account. We appreciate your timely payments each week while you are receiving physical therapy.
- The cost for any supplies issued will be added to your account, and payment expected on the date issued. Paperwork will be provided so that you can submit a claim for reimbursement to your insurance company.

If you do not have insurance coverage:

- We will give you an estimate of charges for the services to be provided for each visit.
- A discounted rate will be available for those who pay on the same date of service.

We accept checks, Visa, MasterCard and cash.

Delinquency and Default Charges

We reserve the right to charge a finance or default charge at the rate of 1.5% per month which is an annual percentage rate of 18%. This finance or default charge will be applied for all accounts that are overdue or otherwise in default under the payment schedule. Reasonable attorney's fees and other costs and charges necessary for the collection of any amount not paid when due, may also be charged. We may, at our option, without notice, declare the entire principal balance and accrued interest due and payable upon default of one or more payments. We strongly suggest that if there is a financial problem, you contact our office promptly so that arrangements for payment may be discussed.

I authorize all health benefits available to be paid directly to Zionsville Physical Therapy. I authorize the release of any pertinent information to my insurance company, adjuster, other healthcare provider, or attorney involved in my case.

I authorize Zionsville Physical Therapy to initiate a complaint, if necessary, to the Indiana Insurance Commissioner for any reason on my behalf.

I have read and understand the financial statement above, and agree to accept financial responsibility as described.

Patient Name, printed

Responsible Party /guarantor Signature

Date