



BILLING POLICY AND PAYMENT AGREEMENT

I, _____ understand that I am ultimately financially responsible for the professional physical therapy services I am about to receive. I agree to pay my deductible, my co-insurance, or co-payment, and any charges not reimbursed by my insurance carrier in a timely manner.

I, _____ authorize Pillars Physical Therapy to bill my insurance company directly for covered portion of charges, and I authorize payment of medical benefits directly to Pillars Physical Therapy. I authorize Pillars Physical Therapy to release any medical or other information to process this claim.

I, _____ understand that it is my own responsibility to understand my insurance coverage as it relates to the service I am about to receive. I understand that some insurance companies require medical or administrative pre-authorization for treatment, or have reimbursement limits on physical therapy treatment. I am responsible for knowing and meeting the requirements of the insurance plan.

I, _____ understand that if I have chosen to purchase an insurance policy with a large deductible, Pillars Physical Therapy is in no way a part of that decision and cannot be expected to offer discounts because of a personal financial decision.

I, _____ understand that my own insurance company decides what to reimburse Pillars Physical Therapy only after bills are submitted and reviewed. Pillars Physical Therapy has no authority or ability to decide what treatments will/will not be paid nor at what price.

I, _____ understand that if my insurance policy has a deductible larger than \$300.00 and the insurance company says it has not been met, that I will need to pay \$100.00 for the first visit, before any services are rendered and \$ 100.00 thereafter until my deductible has been met.

I, _____ understand that it is my responsibility to notify the office of current insurance coverage address and telephone numbers and any changes in my insurance that occurs while already receiving services in our office.

I, _____ understand that Pillars Physical Therapy does not accept any attorney or personal injury liens.

I, _____ understand that if it is necessary to employ a collection agency and/or attorney to enforce or to collect a judgment based on this agreement, the patient will be responsible for payment of the fees promised including interest, court costs and attorney fees.

Printed Name and Signature

Date