



Financial Policy

Welcome to Rapha Physical Therapy! Our staff is dedicated to providing quality care and we will do our best to help you achieve your treatment goals. We believe that communication with our patients regarding our financial policy assists us in providing you with the best possible service. Please take the time to read the following and sign at the bottom of the page. Thank you!

1. Our staff will contact your insurance company and verify your physical therapy coverage. We will bill your insurance company as a courtesy, but this does not release you from financial responsibility for your account.
2. Your insurance company will be billed daily during your treatment. It is our policy to collect co-payments and co-insurances at the time of service. Some co-insurances are estimates based upon your insurance companies current fee schedules and are therefore subject to change. This may result in a small balance due or refund due after all of your claims have been processed.
3. You will periodically receive a statement regarding your account. Please review your statement to make sure your insurance company is processing your claim in a timely manner.
4. You are responsible for meeting your deductible, if applicable. This amount will need to be paid, by you, before your insurance company will begin to pay.
5. Most insurance companies require either a prescription or a referral. It is your responsibility to obtain updated prescriptions and referrals.
6. If my account becomes delinquent, I understand that I may be contacted by phone in order to bring my account up to date. I also understand that if my account becomes 90 days past due, my account information may be sent to an attorney for collection.

Summary of Billing Procedures

_____ Commercial Insurance: You are responsible for your co-payment, co-insurance, and any outstanding deductible that may be due. We will bill your insurance company and make every effort to collect on your claim. You remain responsible for any and all fees not paid by insurance, outside of contractual adjustments made by your insurance carrier.

_____ Worker's Compensation: You pay nothing out of pocket as long as your carrier pre-authorizes treatment

_____ Medicare: Medicare regulations require that you obtain a prescription from your referring doctor every 30 days, 60 days after your initial evaluation, during the course of treatment. Medicare will pay for 80% of allowable charges. As a courtesy to you, we will bill your secondary insurance to recover the additional 20%. If you do not have secondary insurance you will be responsible for the additional 20%.

_____ MVA: We will bill your auto-insurance for services rendered. If benefits become exhausted we will bill your primary health insurance. At that point, guidelines for commercial insurance, as stated above, will be followed. If you do not have medical insurance, you will be responsible for payment.

_____ Litigation: If your treatment is related to an injury or accident that involved legal proceedings, it is our policy not to wait for settlement for payment. Therefore you are responsible for payment at time of service.

Insurance Company _____ Co-Payment/co-insurance _____

Signature: _____

Date: _____



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Deductible _____ Amount met to date _____ Effective date _____

I received a copy of the above information and agree to terms listed. I also understand if I do not give adequate 24 hour notice of cancellation of an appointment or if I do not show up for an appointment, I will be charged a **\$50 fee**. I understand that my insurance policy will not pay this fee and I'm solely responsible.

Signature: _____
Date: _____