

Financial Policy:

We at Gateway Physical Therapy are dedicated to providing you with excellent service. We feel that a part of that excellent service is ensuring that you have a good understanding of our financial policy.

Patient Responsibilities:

You must bring in your **current** insurance card. We must make a copy of both the front and the back of your card in order to bill your insurance. It is your responsibility to notify us immediately of any changes in your insurance. If accurate information is not provided for the timely submission of claims, you will be held responsible for the full amount of any charges incurred. We will file your primary insurance and secondary insurance if it is transmitted electronically from your primary insurance company. If you are a Medicare subscriber, we will file your secondary insurance for you.

You will be asked to sign an authorization for your insurance carrier to make payment directly to Gateway Physical Therapy. Any payments sent directly to you should be forwarded to Gateway Physical Therapy immediately along with all of the paperwork from your insurance company, so that your account can be credited.

Your insurance will be billed and if payment is not received within ninety days, you will become responsible for those charges. Should this occur, please contact your insurance company as to the reason for non-payment. Resources are available through your insurance company to help you to understand your coverage. Coverage is verified by Gateway Physical Therapy, but verification **does not guarantee payment**. Please contact your insurance company for clarification of benefits.

Payment Policy:

Co-pays: All co-pays are due at time of service. We will verify your insurance and advise you of the co-pay amount and any restrictions your insurance company has place on physical therapy. Please contact your insurance for clarification of your co-pay amount.

Liens: We occasionally accept liens for accidents. This is done on a case-by-case basis. This requires a signed lien which includes the date of injury as well as the name and address of your attorney.

Signatures are required by you as well as your attorney. You are responsible for having your attorney sign the lien. If we accept a lien, we will not file with your insurance company. The lien will be used in lieu of your insurance. We will not accept liens for "co-pays only".

Non-Insured: If you are not paying with insurance, we will require payment in full at time of service. In case of a hardship, payment arrangements may be made. Payment arrangements must be made prior to your appointment.

Balances Due: After we have received payment from your insurance, any remaining balance is due thirty days from the date of the first statement. If payment cannot be made in full, please contact the billing office to make payment arrangements.

Signature

Date