

FINANCIAL POLICY:

It is the policy of Carling Physical Therapy to collect payment at the time of service.

Co-payments, Co-insurance and Deductibles are due at the time of service.

Forms of Payment: Cash, Check, Visa or Mastercard.

Returned Checks:

- a. A \$25.00 service fee for the processing returned checks will be applied to the patient responsibility side of your account.
- b. Services may be discontinued until the returned check issues are fully resolved. If on-going treatment is required, the patient will be referred out to another provider.

INSURANCE BENEFITS POLICY:

1. Carling Physical Therapy will bill your insurance carriers as a courtesy. Patients who have Health Care Insurance should understand that charges for professional services are charged to the patient and not to the insurance company. Payment for all charges incurred is the responsibility of the patient.

2. If charges billed to your insurance company are not paid within 90 days the overdue amount will become the full responsibility of the patient and payment will be due at that time. (Note: Most insurance companies pay within 2-4 weeks.) It will then become the patient's responsibility to resolve the outstanding issue with their insurance company and receive their reimbursement from them.
3. It is the responsibility of our patient's to provide us with the correct insurance information for billing to be done correctly and timely. It is also the responsibility of our patients to notify us if any of their insurance coverage information changes during the course of treatment.
4. Patients agree to pay for all charges that are not covered by their insurance plans. This includes additional services and supplies requested by the patient.

PATIENT BILLING PROCESS:

We will make every attempt to process all of your claims correctly and efficiently. It is your responsibility to review your Explanation of Benefits (EOB) to identify any reasons for non-payment of your benefits and notify us **immediately**.

1. Once payment for services has been made by the insurance company, the patient portion of the charges (co-insurance) will be transferred to your account and you will be expected to make payment at that time.
2. At Carling Physical Therapy our billing system enables us to provide a very accurate **estimate** of the co-insurance that will be due on your account. We recommend that our patients pay as they go based on these estimates. The co-insurance payments are applied to your account as the EOB forms arrive from your insurance company. If there is an underpayment of co-insurance, you will owe us the different. If there is an overpayment of co-insurance, we will refund that amount to you. Refunds are paid to patients within 30 days of identifying the amount due. This policy has helped reduce the balance due at the end of treatment for most patients.
3. Statements are mailed twice a month. Payments are due within 10 days of receipt of

- your patient statement.
4. If you do not make payments, we will make the three following attempts to resolve any conflicts that may exist.
 - a. courtesy reminder notice
 - b. second request to pay letter
 - c. final 10-day demand letter
 5. Unresolved financial disputes for non-payment of fees for services rendered will result in discontinuation of services, referral to another provider as necessary and assignment of the collection responsibility for this account to a professional collection agency.
 6. Carling Physical Therapy reserves the right to charge interest at the legal prevailing rate (up to a maximum of **10%** per annum) and to apply late payments or service fees for multiple payment plans as necessary to manage the collection of your account.

REFUNDS:

Overpayments will be refunded upon written request to the responsible party within 30 days.

ASSISTANCE:

Carling Physical Therapy has a full-time account representative to assist you with any questions you may have regarding your account. Our account representative is available Monday through Friday, 8 AM to 5 PM to assist you at ***.

LIENS/AUTO ACCIDENT AND/OR PERSONAL INJURY:

Carling Physical Therapy does not accept liens. We will not wait for settlement of a pending lawsuit for the payment of services provided. We will not deal with your attorney or other legal representatives for settlement.

Auto Accident/Personal Injury Only

I have reviewed these conditions with Carling Physical Therapy
and by my signature I agree to pay any balance remaining after my insurance
carrier has paid its portion of the bill.

_____ (signature/date)

ACCEPTANCE OF FINANCIAL POLICY:

1. I have read and understand the financial policy of Carling Physical Therapy.
2. I agree to assign insurance benefits to Carling Physical Therapy whenever necessary.
3. I agree that if it should become necessary to forward my account to a collection agency, I will be responsible for the fee charged by the collection agency for the costs of collection.
4. I agree to pay any and all balances due and understand that Carling Physical Therapy will not hold accounts for payments.

Signature of Insured or Guarantor: _____

Date: _____