



FINANCIAL POLICY

Welcome to Riverbend Physical Therapy & Preventative Care where we are committed to your treatment being successful. Please understand that payment of your bill is part of your treatment. This is an explanation of our Financial Policy – we require that you read and sign this document prior to any treatment.

Payment Policy:

We bill all contracted insurance carriers, please provide copies of insurance cards the day of or prior to your first appointment so that benefits may be verified- payment is required at the time of service. ALL CASH PAYS AND CO-PAYS WILL BE COLLECTED THE DAY OF SCHEDULED APPOINTMENT. We have the following options for payment of your bill: cash, check, VISA, MasterCard, HAS, & Care card. We do understand that patients may experience financial problems occasionally. If you need to arrange a payment plan, please contact Janelle at our billing office (989-424-6300), *please note that they are 2 hours ahead.

Regarding Insurance:

Our financial policy requires payment in full of any balance billed to you by our facility within 30 days of receiving a statement. This is your responsibility, whether your insurance provides coverage or not. In order to bill your insurance company, please provide us with your up-to-date insurance information. Your insurance policy is a contract between you and your insurance company-we are not a party to that contract. If your insurance company has not paid your account in full within 45 days, the balance may be automatically transferred to you. Please be aware that some services provided may be non-covered services and not considered reasonable & necessary under the Medicare Program and/or other medical insurance companies.

Medicare Physical and Occupation Therapy Limits:

To our Medicare patients: Effective January 1, 2019, Medicare has a cap of \$2,100.00 per calendar year for physical therapy (PT) and speech-language pathology (SLP) combined. There is a separate yearly benefit limit for outpatient occupational therapy (OT) with a cap of \$2,010.00. Medicare will cover 80% with 20% being your responsibility after the \$185.00 deductible has been satisfied, unless you have secondary coverage.

Usual & Customary Rates:

Riverbend Physical Therapy & Preventative Care is committed to providing the best treatment for our patients. Our rates of service provided are based on what is usual and customary for our area. It is your

responsibility to provide payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Motor Vehicle Accidents:

Riverbend Physical Therapy is happy to evaluate and treat you for your motor vehicle related injury. We would like you to be aware that auto insurance companies cover physical therapy benefits as long as there is Personal Injury Protection (PIP) available on the claim. We do call on every claim to verify if PIP is available, however the adjuster is unable to reveal the total dollar amount available. It is therefore your responsibility as the patient to know and understand what benefits are covered. We will continue to bill your auto insurance until the PIP has expired and they deny any more payments. It is for this reason that we get a copy of your private medical insurance as a backup for billing services that may be denied. If you do not have private medical insurance, it is your responsibility to provide payment of any remaining balance.

Minor Patients:

The adult(s) or guardian(s) accompanying a minor are responsible for full payment after insurance has provided coverage. For unaccompanied minors, physical therapy will be given only with the consent and signature of our Information & Financial Policy forms by the parent for custodial guardian prior to or the day of service. Co-pay arrangements will stand as referenced on the previous page. It is acceptable for the minor patient to call the responsible party for Visa or MasterCard information to process his/her co-pay before receiving treatment.

Missed Appointments:

24 hours advance notice is required for all cancellations. There will be a \$50 fee when proper notice is not given. Please help us serve you better by keeping scheduled appointments.

I have read, understand & will comply with the missed appointments policy.

Initials: _____

I hereby authorize my insurance company to make payment(s) directly to River Bend Physical Therapy & Preventative Care with any benefits I may receive. I authorize the release of any information necessary to process my insurance claims, or facilitate payment of my account by a third party.

Initials: _____

I have read, understand and agree to the Financial Policy as written.

X _____

SIGNATURE OF PATIENT OR RESPONSIBLE PARTY

DATE