

## Active Marin Physical Therapy Billing Policy

### Billing Policy, Release, and Authorization

I authorize Active Marin Physical Therapy, Inc. to bill my insurance company directly for the covered portion of charges, and I authorize payment of medical benefits directly to Active Marin Physical Therapy. I authorize Active Marin Physical Therapy to release medical or other information necessary to process this claim. I understand that I am ultimately responsible for my physical therapy charges, and I agree to pay my deductible, co-insurance or co-payment, and any charges not reimbursed by my insurance carrier. I understand that some insurance companies require medical or administrative pre-authorization for treatment, or have reimbursement limits on physical therapy treatment. I understand I am responsible for knowing and meeting the requirements of my insurance plan. Active Marin Physical Therapy requires a minimum 24-hour advance notice for cancelations or changes in the schedule. Failure to show for a scheduled appointment without notice or failure to provide 24-hour advance notice for cancelations will result in a \$130.00 fee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_