

Financial and Billing Policy



Cancellation & No-Show Fees

The time we devote to our clients is only covered by insurance when appointments are kept. Therefore, we require 24 business hours notice for any cancellations or rescheduling. If you are scheduled on a Monday, please cancel before noon the previous Friday. Cancellations and no-shows are billed to the patient at a rate of \$75.

Insurance Policies

Prior to your initial appointment, we recommend verifying your benefits with your insurance provider to confirm in-network versus out-of-network rates and limitations. We cannot guarantee payment from your insurance. It is your responsibility to know your schedule of benefits and any co-pay, deductible, or coinsurance agreements with your insurance company. Any information we provide you is done as a courtesy, and is being relayed from your insurance company. If you choose to proceed with your appointment, you are accepting responsibility for the services provided.

We understand that healthcare is a complex system and reimbursement is affected by multiple factors. We will make every effort to work with you regarding any questions you may have regarding the services you receive. However, there may be services your insurance company does not cover and we are unable to re-code for those services. You are responsible for the payment of any non-covered services.

Please advise our office if any insurance or personal information has changed. It is the patient's responsibility to inform us of any insurance changes and present insurance card(s) at the time of your appointment to ensure that our staff can note your chart and bill accordingly. Any balance that your insurance company does not cover will be your responsibility.

Co-Payments/Co-Insurance & Payments

Co-pays and co-insurance payments are due at the time of appointment. We ask that our self-paying patients be prepared to make a payment at the time of service, which may or may not include non-covered services, deductible, and/or share of cost. If, during the course of your examination, you and your physical therapist decide to handle a new or returning concern, additional co-payment may be billed to you for that portion of the visit.

Past Due Balances

Active Marin Physical Therapy is paid based on eligibility/benefits through your insurance company for any amounts due on claims for services provided to you or your dependents. Reimbursement is a complex system. Our billing department makes every effort to collect payment from insurance companies. However, the patient or responsible party is solely responsible for payment of deductible, coinsurance, and co-pay amounts. Payments can be handled at our front desk, by phone, or through our billing department. Failure to address a past due balance could result in referral to a collection agency and/or an interruption in your continuation of care. Repeated non-payment or no-show offenses may result in dismissal from our practice.

By signing this financial agreement, you are allowing Active Marin Physical Therapy to release information about your care to your insurance company as part of the billing process. You have the right to refuse to release this information; however, your refusal may result in the inability to bill your insurance company. By signing this agreement you are further agreeing that should the amounts paid by your insurance company be insufficient to cover the entire medical expense or be applied to your deductible, you will be responsible for payment of the difference, and if the nature of the service be such that it is not covered by your insurance policy, you will be responsible to Active Marin Physical Therapy for payment of the entire bill.

Patient Statement and Authorization

By signing this agreement, I understand and agree to follow the billing and financial policies of Active Marin Physical Therapy and any violation of these terms is subject to referral to a collection agency and/or immediate dismissal. I have read and understand all of the information above.

Print Name

Signature

Date