

Office Policies

Consent for Treatment

You hereby agree and give your consent for Active Marin Physical Therapy to provide physical therapy care and treatment considered necessary and proper in evaluating or treating your physical condition. This consent is intended as a waiver of liability for such treatment excepting acts of negligence.

Cancellations and No-Shows

Please contact our front office 24 hours prior to your scheduled appointment to notify us of any changes or cancellations. Appointments must be cancelled at least 24 hours in advance or you will be charged a \$75 fee; this will not be covered by your insurance company. Furthermore, failure to cancel within 24 hours for more than 3 visits will result in a fee equal to the full amount of the visit (\$165). To cancel a Sunday or Monday appointment, please call our office by 12:00 p.m. on Friday. If you need to contact our office regarding scheduling/changing/canceling an appointment after hours, please email our front desk at info@activemarin.com.

Late Arrivals

Arriving 15 or more minutes late to a 45-minute appointment will be considered a no-show and will be subject to a fee of \$75.

Assignment of Benefits

You understand and authorize the release of medical information to file health insurance claims for you by Active Marin. You authorize Active Marin to bill your insurance company directly for the covered portion of the charges. You also authorize your insurance provider(s) to pay Active Marin directly.

Insurance Benefits

It is your responsibility to know your benefit information and you are ultimately financially responsible for all services rendered to you. As a courtesy, we will call to verify coverage prior to your first appointment and will verbally summarize this information, if you have provided your insurance information to our office. This is only an explanation of coverage obtained from your insurance company and is not a guarantee of coverage.

If the information provided by your insurance company is inaccurate or the insurance company changes its coverage, you will be financially responsible for payment for services and any charges not covered by your insurance plan. You further understand that this agreement is binding regardless of any legal transaction currently in progress or initiated during or after the course of your treatments unless agreed to in writing by yourself and a representative of Active Marin. Please note that what we collect in the office may only be a portion of your balance. Actual patient responsibility can only be determined once your insurance company has processed a claim.

If you have further financial obligation than what we collected in the office, you will receive a statement from our billing company to be paid in full within 30 days. If your statement is not paid within 30 days, your balance will be automatically charged to the credit card provided. If your account is deferred to a collection agency, you agree to pay all collection costs incurred.

If we are out-of-network with your insurance provider, we will call them on your behalf to determine your coverage. For most out-of-network policies, we will bill directly to your insurance. Some insurance companies may send payments directly to you, and not to us. In this case, we will bill you for any remaining balance at the end of the month.

Wellness Patients

Seeking treatment for overall health, sports performance or lifestyle improvement is not covered by insurance. As a wellness patient, you are responsible for services rendered at one hundred percent of the rates listed on our fee schedule. Payments are due at time of service.

Payment Due at Time of Service

You understand that payment of deductible, co-payment or co-insurance is due at the time of service. Our office and provide you with a QUOTE of benefits, however, we cannot guarantee your benefits.

We will collect your copay/coinsurance at each visit. In addition, Active Marin will provide a current account balance at each visit that may be paid by credit card, check or cash. You will also receive a monthly account statement. Please note we have a return check fee of \$35 dollars.

Active Marin stores credit card information securely and will automatically charge balances older than 30 days. You will be required to keep a credit card on file, and to fill out a separate authorization form in our office on your first visit.

If you have any questions regarding your balance, please call our office manager as soon as possible. If you have a balance > 61 days past due, you will be contacted by our billing company, as a reminder to pay your bill. If after multiple attempts to reach you and you have taken no action to pay your bill, your overdue balance may be sent to collections.

Patient Signature.

To certify your agreement, please provide your signature;

Name _____

Signature _____

Date _____