

Duffy & Bracken

PHYSICAL THERAPY, P.C.

FINANCIAL POLICY STATEMENT

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, Financial Policy or your responsibility.

If you provide our office with the necessary information regarding your insurance plan, we will submit our claim directly to your carrier. **You are responsible to pay the appropriate deductible, co-pays and/or coinsurance, also any denial of payments from your insurance.** We accept all major credit cards; however cash or check is preferred for services rendered. **It is the policy of this office to keep a credit card on file. Please provide credit card information below for any unpaid accrued charges.**

REGARDING INSURANCE

Physical therapy treatment can be provided without a prescription for the first 30 days or 10 treatments, whichever comes first but in some cases it may not be covered by your health care insurer without the referral of a physician or nurse practitioner, but may be a covered expense, if treatment was rendered pursuant to such referral.

If your plan requires authorization from your physician (primary or specialist), it is your responsibility to obtain the written referral or authorization prior to your visit at Duffy & Bracken. If you arrive at our office without proper authorization, full payment will be expected at time of service and refunded to you when authorization is obtained.

In addition, to comply with state regulations, you have to provide a prescription from your physician (primary care or specialist) within 30 days of the start of your treatment at Duffy & Bracken. Any denial of payment of services resulting from non-compliance with this policy will be billed to you.

Insurance is a contract between you and your insurance company. In most cases, we are NOT party to this contract. We file insurance claims as a courtesy to our patients. We will not become involved in disputes between you and your insurance company regarding deductibles, coinsurance, co-payments, referrals, "usual & customary charges," etc., other than to supply factual information as necessary. If you have not paid Duffy & Bracken and your insurance company inadvertently pays you directly, you must send this payment immediately to Duffy & Bracken. **Please note we will collect payment via credit card following five business days of notification of your check sent directly to you.**

The above does not apply for those patients that are considered Worker's Compensation. However be advised if your claim for Workers Compensation benefits is denied you may be held responsible for the total amount of charges for services rendered to you.

Duffy & Bracken preferred Method of Payment for deductibles and co-payments are:

Cash: \$ _____ Check: _____ Money Order: _____

Co-pays, co-insurance, deductibles and fee for service must be paid at time of treatment. A \$10 service charge will be added if not paid on the day of your appointment.

It is the policy of this office to keep a credit card on file. Please provide credit card information below for any unpaid accrued charges and/or fees.

Credit/Debit Card: _____ Card #: _____

Expiration date: _____

RESPONSIBLE PARTY SIGNATURE

DATE
