

## Consent to Bill

Kindly indicate whether you would like to:

- utilize insurance for treatment and services
- opt out of utilizing insurance and will pay the discussed time of service rate

Please be aware that your choice will not impact the quality of care you receive; it primarily pertains to how you wish to manage the financial aspects of your treatment.

As a courtesy to you, we will bill your insurance company. Please provide us with your insurance card(s) and any additional information we may need during your first visit. Please remember your insurance policy is a contract between you and your insurance company. We are not a party in that contract. Please understand it is physically impossible for us to keep track of every aspect of your insurance. Our office can provide certain services, such as a benefit check. **It is your responsibility to know your policy benefits and limitations, including plan visit limits.** Our billing manager is available to answer questions you may have regarding our billing procedures. Please be aware that costs for each session may periodically differ.

**Insurance co-payments are due at the time of service. If we have to bill your co-pay to you, a \$10 service fee will be added to your bill.**

Any portion of your treatment that is not covered by your insurance becomes your responsibility, and is due within 30 days of receiving your statement. If applicable, our billing coordinator will be happy to discuss payment plan options.

**Workers Compensation Claims:** We will bill your **open**, approved worker's compensation claim. ***Please be advised that in the event your claim is denied, you are financially responsible for all charges.***

**Supplies:** Supplies purchased by the patient are payable at the time of service. We will provide you with a receipt so you may seek reimbursement from your insurance company. Supplies are not refundable.

**Non-Discrimination:** Admission to our clinic is non-discriminatory for services rendered, regardless of race, color, national origin, disability or age. All clients who come to our clinic for services are protected against discrimination assured by Title VI of the Civil Rights Act of 1964. Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.

**Medicare Patients:** Medicare requires you to see your doctor **60 days from the start** of your physical therapy and every **30 days thereafter** in order to continue with physical therapy. Without a prescription at these times, Medicare can deny payment.

By signing this agreement, I have read and understand the consent to bill

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

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

(Parent or Guardian if patient is a minor)