



Office Information Policy

Thank you for choosing Active Physical Therapy. We are committed to the success of your treatment with us. We ask that you read our policies stated below. We believe that by being informed of our services and policies, we will all be more successful in achieving your desired outcomes at Active Physical Therapy.

Insurance: Benefits are verified prior to your first visit, but full reimbursement by your insurance company is not guaranteed. It is the patient's responsibility to understand the terms of his/her insurance coverage. Please know Active Physical Therapy will work with your insurance carrier for payment of services. After 90 days of attempting to receive payment for your service, you will then be responsible for payment for your treatment at our office. Active Physical Therapy will provide you all necessary information to allow you to work with your insurance company for payment.

Private Pay/No Insurance: If you wish to be seen by us and not have your insurance billed, or if you do not have insurance to cover our services, **payment is due at the time of service** for the cash discount amount agreed upon. If you use this option, please remember that we will not produce any formal billing form for your insurance. We will give you a copy of our daily fee slip that indicates what services were provided and what the charges were for that day.

Returned Check Fee: A \$50.00 fee will be assessed for any checks returned from your bank due to non-sufficient funds.

Cancellation Policy: We are committed to serving you and will do all that we can to accommodate your scheduling needs. In return, we require 24 hours advance notice if you need to re-schedule or cancel an appointment. This enables us to follow your treatment plan for a successful outcome and accommodate other patients in our busy schedule. **If you do not cancel with least 24 hours notice, there will be a \$70 charge to you, not reimbursable by your insurance.** Three or more late cancellations or no shows will result in a full treatment charge.

Upon request, you will be provided with a copy of this form for your records.

By signing below you are:

Accepting financial responsibility for your account by authorizing payment of medical benefits from your insurance company to be sent directly to Active Physical Therapy.

Authorizing the release of any medical information necessary to process medical claims.

Consenting to such treatment and patient care, which in the judgment of your therapist and/or physician may be considered necessary or advisable while a patient at Active Physical Therapy.

Consent to Treatment: I understand that the healthcare professionals involved in my care at Active Physical Therapy will rely on my documented medical history that I have provided, as well as other information provided by me in determining whether to perform or recommend physical therapy treatment. I agree to provide accurate and thorough information regarding my medical history and any conditions or events, which may impact medical decision-making.

Regarding my request for physical therapy and my responsibilities, I have read the above, understand it, and agree to its terms.

Date

X _____
Signature of patient or guardian