



FINANCIAL ARRANGEMENT AND MEDICAL INSURANCE

We are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

Co-payments are due at the time services are rendered. Deductibles and Co-insurance are due within 30 days. We accept cash, checks, MasterCard, Visa and American Express. We will be happy to bill your insurance company through our normal means of billing either electronic or paper claims. However, for payments not received from insurance carriers, you the patient, are responsible for payment in full.

Returned checks and balances older than 45 days may be subject to an additional collection fee of \$25 and interest charges of 1.5% per month. Any balance not paid within 120 days may be sent to a collection agency.

THERE WILL BE A \$50 CHARGE TO THE PATIENT FOR "NO SHOW" APPOINTMENTS AND CANCELLATIONS WITHOUT 24 HOUR ADVANCE NOTICE. THIS APPLIES TO ALL PATIENTS, PRIVATE INSURANCE, WORK COMP, AUTO, ETC. EMERGENCY SITUATIONS WILL BE CONSIDERED.

Rescheduling an appointment for a future date does not waive this fee.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company. **It is your responsibility to know your benefits for physical therapy. Call your insurance to be sure of your plan's coverage for Physical Therapy**
2. Our fees are generally considered to fall within the acceptable range by most insurance companies, and therefore are covered up to the maximum allowance determined by each carrier and are defined as usual, customary.
3. Not all services are a covered benefit in all contracts. You are responsible for charges not covered by your insurance. Insurance carriers will sometimes quote benefits and then deem your treatments here **"not medically necessary"** by their standards. These denied benefits then becomes your financial responsibility.

We must emphasize that as physical therapy care providers, our relationship is with you, and not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding insurance coverage, PLEASE don't hesitate to ask us. We are here to help you.

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I have received or I have been provided the opportunity to receive a copy of the "Notice of Privacy Practices" that explains when, where, and why my confidential health information may be used or shared. I acknowledge that BodyMAX Physical Therapy, the physical therapist, physical therapist aides and assistants, ad other BodyMAX staff may use and share my confidential health information with others in order to treat me, in order to arrange for payment of my bill and for issues that concern BodyMAX Physical Therapy's operations and responsibilities.

PLEASE SIGN HERE THAT YOU HAVE READ AND AGREE TO THE TERMS OF THIS AGREEMENT _____

_____ **DATE**

4165 BLACKHAWK PLAZA CIRCLE, #275
DANVILLE, CA 94506
(925) 736-1305 • Fax (925) 736-7685
(PHYSICAL THERAPY ONLY)

6668 OWENS DRIVE
PLEASANTON, CA 94588
(925) 621-2200 • Fax (925) 621-2201