PEAK PHYSICAL THERAPY, P.C.
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www.peakpt.com

Financial Policy

Thank you for choosing Peak Physical Therapy, P.C. as your health care provider. We believe that part of good healthcare practice is to establish and communicate a financial policy to our patients. We are dedicated to providing the best possible care for you, and we want you to completely understand our financial policy.

****Please read, initial, and sign in the spaces provided below****

_____**Payment** is expected at the time of your visit unless other financial arrangements are made in advance. We will accept cash, check, or credit card (Visa, MC or Discover). Payment will include any unmet deductible, co-insurance, or co-payment amount. At the conclusion of your visits with us you may be billed for any outstanding balances. If there is a credit, you will be provided a refund promptly.

_____**Returned Checks** will incur a $25.00 service charge. You will be asked to bring Cash or money order to cover the amount of the check plus the $25.00 service charge to pay the balance prior to receiving services from our staff.

_____**Collection Fees:** I understand that in the event my account should become delinquent, I shall be responsible for the collection fees computed at the rate of 35% of the unpaid balance.

_____Although we are contracted with most insurance carriers, our services may not be covered by your particular insurance plan. Being referred to our facility by another physician does not necessarily guarantee that your insurance will cover the services. Please remember that you are 100% responsible for all charges incurred: your physician's referral and our verification of your insurance benefits are not a guarantee of payment.

_____We highly recommend you also contact your insurance carrier and check into your coverage for Physical Therapy in an outpatient setting. Do not assume you will not owe anything if you have more than one insurance policy. Please contact our office with any billing questions or concerns.

_____ _____

Signature of Patient (or Guarantor, if applicable) Date

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Print name of the patient