

Financial Responsibility Policy

We welcome you as a patient and appreciate the opportunity to provide you with quality physical therapy. We would like to inform you of our billing policy. We will submit bills to most insurance companies on your behalf. Some insurance companies pay fixed rates for physical therapy procedures and others pay a percentage of the charge. This information is verified for each patient by a member of our staff as a courtesy and is based on the assumption that you are entitled to physical therapy benefits. **This verification is not a guarantee of benefit or payment. You should also follow up with your insurance company to find out your physical therapy eligibility and benefit. It is your responsibility to understand your insurance policy.**

Please note that you may not be entitled to physical therapy benefits if:

- you have undergone previous physical therapy for a similar injury
- this injury is related to a motor vehicle accident
- you belong to a healthcare group with no out-of-network benefit
- you have not obtained the proper managed care authorization

Please initial after reading the following

_____ (initial) I understand that all co-insurance payments and deductibles required by your insurance policy are the contractual obligation between you and your insurance company, and are expected at the time of the visit.

_____ (initial) I understand that it is patient's responsibility to obtain the referral prior to the visit. **If you do not have a referral at the time of the visit, you may be responsible for the payment in full.**

NO SHOWS & LATE CANCEL APPOINTMENTS FOR ALL PATIENTS EXCLUDING WORKERS COMP.

_____ (initial) I, patient understand that iMotion Physical Therapy has a 24-hour business day policy for cancellations and missed appointments. If I fail to arrive for my scheduled appointment or do not provide the 24-hour business day notice for cancellation of my appointment, iMotion Physical Therapy will charge my account \$25.00. In addition, if I arrive 30 minutes late, my appointment will be rescheduled and I will be charged \$25.00. Upon the 3rd violation of this policy the representatives of iMotion Physical Therapy reserve the right to charge my account the full fee of a 45 minute appointment and/or discharge me from their care. Payment for a missed appointment is due upon my next visit.

FOR WORKERS COMP PATIENTS ONLY REGARDING NO SHOWS & LATE CANCEL APPOINTMENTS:

_____ (initial) I, patient understand that iMotion Physical Therapy has a strict no show & late cancellation policy. Under Workers Compensation Laws, Providers are legally unable to charge me for no shows or late cancellations. Due to this factor, I will be given one chance. If I violate this policy, representatives of iMotion Physical Therapy reserve the right to discharge me from their care. iMotion Physical Therapy takes the care and services they provide as well as their policies very seriously as they hope their patients do.

If you have any questions, please contact any member of our administration team.