

Smooth Moves PT

Financial Policies

- ❑ Please contact your insurance company prior to your first appointment to determine your physical therapy coverage, whether your deductible has been met, the co-pay amount for PT, and whether I am a participating provider for your plan. A current doctor's prescription for physical therapy services may be needed to have your PT visits covered by insurance. Prescriptions are current for 90 days unless otherwise specified. Co-pays are due at the time of service. See the attached worksheet for your convenience.
- ❑ As a courtesy to you we will bill your insurance company. Please provide us with your insurance card and any additional information we need. Other payment options are personal checks and cash.
- ❑ For patients without insurance coverage, or for those patients that have exceeded insurance benefits, a 20% discount is available for full payment at the time of service.
- ❑ Workers Compensation: We 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.
- ❑ The initial evaluation and subsequent visits last approximately one hour. The evaluation includes a written report. Fees fluctuate depending on the procedure performed.
- ❑ Interest fees are applied to patient accounts exceeding 30 days past due. A fee of \$25 will be charged for any check returned by the bank for Non Sufficient Funds.
- ❑ Patients are seen by appointment only and scheduling is based on a first come, first served basis. It is advisable for you to schedule your appointments in four to six week intervals. Scheduling is done on-line through the Bodycenter Studios website, in person with me or your Bodycenter Studios Pilates instructor, or by phone (206-799-5986). No reminder calls are made; please make note of your visits when you schedule! If you need to cancel an appointment, please cancel at least 24 hours beforehand, or you will be charged \$50 for that missed visit. There are often many patients who are waiting for your slot! This policy also applies for you not showing up for your appointment. I realize that emergencies do occur – late cancellation due to illness or family emergency won't be billed.
- ❑ In the event your account becomes delinquent and is therefore in default of payment, the patient, legal guardian, or admitting parent is responsible for the amount owing and all reasonable costs associated with the collection of this debt, including but not limited to, collection service fees, attorney's fees and all court costs and additional legal fees associated with the recovery of this debt.

PATIENT CONSENT AND RELEASE OF MEDICAL BENEFITS AUTHORIZATION

I hereby consent to evaluation and treatment by my Physical Therapist. I understand that I am financially responsible for all charges for services rendered regardless of litigation, insurance reimbursement, or pending Labor and Industries claims. I understand the parent accompanying a minor for treatment will be responsible for payment. I authorize Smooth Moves Physical Therapy to release any necessary information requested by my insurance carrier and authorize payment directly to Smooth Moves Physical Therapy for any benefits available under my insurance plan. I understand my financial responsibilities as described above.

Signature _____ Date _____