



## FINANCIAL POLICY

**Required payments:** Any copayments or co-insurances required by an insurance company must be paid at the time of service. If you have a Deductible, you will be asked to make a payment toward this amount at each visit as insurance will NOT pay Daulton PT until this deductible is met. Daulton PT recommends \$100 payments at each visit until this deductible is met. Please understand that this will help pay down some or all of the balance due for your current service and will avoid an accumulation of large balances due on your monthly statements. If any outstanding balances are due at each visit, you may be asked to make a payment toward high balances prior to scheduling more appointments. You may also have the option of setting up automatic monthly payments arrangements (during or after care). Credit card information will be saved to my account. Any remaining account balance will become due upon completion of care. Any overages will be refunded promptly.

If you are a NON-INSURANCE-/FEE-FOR-SERVICE patient, full payment must be received at the time of service. We accept cash, check, VISA, Mastercard, and Discover. There will be a \$35 service charge for all returned checks. Reduced package pricing is available for non-insurance patients and is paid in lump sum in advance of care. Discounts are also available for those who pay in Cash (See pricing sheet)

**Monthly Statements/Insurance claims:** As a courtesy, Daulton Physical Therapy will submit claims to your health insurance company after each visit, and will apply payment received to your account. If your account has a balance, you will receive a monthly statement that shows the previous balance and reflects any new charges, payments or credits applied to your account during the month. The balance is due and payable when the statement is issued, and is past due if not paid within 30 days. Please do not send partial payments without contacting our office. As stated above, if an effort to keep this balance DUE low, we are collecting an estimate of what you will owe at each visit with a goal of your statement balance being nearly zero each month.

If needed, we will re-submit claims to ensure payment of your benefit for covered services. In the event that repeated submission of claims does not satisfy your bill for the services rendered, you will be responsible for the full payment of your bill.

**Review your benefits:** We recommend that you call your insurance company with any specific questions related to your policy relating to outpatient physical therapy benefits. You need to be aware of your policy coverage, deductible, co-payment, co-insurance, visit limitations and effective dates of coverage and any need for pre-authorization or Physician referrals. As a courtesy, we verify your coverage, but we will not guarantee the accuracy of the information we receive at verification. Your insurance policy is a contract between you and your insurance company. You are responsible to know your level of coverage and you are ultimately responsible for the full payment of your services.

**Contracted vs non-contracted insurances:** If we are contracted with your insurance company, we must follow our contract with them. As contracted providers we agree to accept the allowable amount (usual and customary, and typically below our standard rates) established by your insurance company. Although we may estimate what your insurance company may pay and the patient responsibility portion of it, it is the insurance company that makes the final determination of payment and eligibility. It is your responsibility to verify if our office is a contracted or non-contracted provider. If we are non-contracted, there is no adjustment or write-off for the difference between what we charge and what the insurance allows. You agree to pay any portion of the charges by your insurance.

**Billing information:** It is patient responsibility to provide us with correct information including insurance, responsible party, date of injury, type of accident, policy and or group numbers, Primary and secondary coverage, etc. Should the information change, it is your responsibility to update it within a timely manner. If you supply us with incorrect information, the balance of the account on the last date of service will be **entirely patient responsibility**. We will not be responsible for rebilling, appealing, or other dealings with the newly provided insurance company.

**Referrals/prior authorizations/Prescriptions:** If your insurance company requires a referral, prescription, or pre-authorization, you are responsible for obtaining it. Failure to do so may result in a lower payment or no payment from the insurance company.

**Primary/secondary insurance:** As a courtesy to patients, we will bill primary insurance, however, if our office has not received payment after 120 days, the balance will become patient responsibility. If you have a secondary insurance, we will bill that after your primary insurance has paid. If our office has not received payment from your secondary insurance after 120 days from the date first billed to your secondary insurance, the balance will become patient responsibility.

**Finance charge:** A finance charge may be incurred on each item of your account which has not been paid within **ninety (90) days** of the time the item was partially paid by your insurance company or due by you. The FINANCE CHARGE will be computed at the rate of one percent (1%) per month or an ANNUAL PERCENTAGE RATE of twelve percent (12%). The finance charge on your account is computed by applying the periodic rate (1%) to the “past due balance” on your account. The “past due” balance of your account is calculated by taking the balance owed ninety (90) days ago, and then subtracting any payment or credits applied to the account during that time. You understand that finance charges are not billable or payable by insurance.

**Past Due accounts:** If your account becomes past due, we may need to take necessary steps to collect this debt. If we have to refer your account to a **collection agency**, you agree to pay all the collection costs which are incurred and we will add a surcharge of 30% to your balance. If we have to refer the balance to a lawyer, you agree to pay all lawyers’ fees which we incur plus all court costs.

**Waiver of confidentiality:** You understand if this account is submitted to an attorney, collection agency, or if we have to litigate in court, the fact that you received treatment at our office may become a matter of public record.

**Workers compensation:** If you are claiming workers’ compensation, you must provide us with a copy of your personal insurance card. We will confirm your authorization with your case manager. If your claim is denied by workers comp, we will file the claims with your personal insurance policy. If your claim is denied by personal insurance, you will be responsible for full payment of your bill. If your claim is in litigation, we do require verification of this from your attorney and or workers comp carrier.

**MVA – Motor Vehicle Accidents:** We will bill Personal Injury Protection (PIP) auto insurance claims through your motor vehicle insurance as the primary insurance and will bill your private insurance when your PIP benefits are used up. In the absence of medical insurance, other financial arrangements will need to be made with our patient accounts representative. Payment of the bill remains the patient’s responsibility.

**Minors:** A parent or legal guardian must accompany the minor patient at the time of the initial visit. The guardian is responsible for full payment as outlined in the above financial policy. The parent or legal guardian that accompanies the minor patient to the clinic will have full responsibility for the payments should any dispute arise. A Minor treatment consent form can be signed to give permission for treatment if the

parent is not present during treatment, however legal guardians presence is highly encouraged

**Supplies:** We occasionally recommend supplies to enhance recovery. Most insurance companies, unfortunately, do not cover these items. It is your responsibility and decision to purchase these items. They are to be paid for at the time of service. Some items will be ordered online on site for your convenience and shipped to your home. Used or opened items are non--returnable non--refundable in the health care world .

**IN SUMMARY:** You are responsible for knowing your insurance plan details: what is needed with regards to co pays, co-insurance, deductible, coverage for PT services, prescriptions, referrals, pre- authorizations, etc., and whether or not we are a contracted clinic. Even though this is a contract between you and your insurance company we will verify coverage and bill for you as a courtesy, and you authorize payment of benefits directly to Daulton Physical Therapy for the services rendered. If payments are not made by insurance, including auto or work comp claims, you are responsible for payment of your bill in a timely manner as spelled out above. If you don't pay, you will be assessed late fees, finance charges, collections surcharges, etc on past due amounts as defined above. Anything not covered by insurance (some of your services, supplies, co-pay, etc.) are due at the time of service. Extra charges are billed and explained above for returned checks and missed appointments. If you need any further clarification, please read details thoroughly above or ask. **THANKS!**

**I have read and understand the above FINANCIAL POLICY and agree to the conditions listed. (Signature will be requested on 'Daulton PT Consent Form' stating that you agree with this policy..)**