

**~MOUNTAIN RIVER PHYSICAL THERAPY FINANCIAL POLICY~**

We are committed to provide you with the best possible care and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our **Financial Policy** is important to our professional relationship. Please ask if you have any questions about our fees, financial policy, or your responsibility.

All patients must complete our **Patient Information, Medical History, and Financial Policy** forms before being treated.

**REGARDING INSURANCE:** Insurance is a contract between you and your insurance carrier. **We strongly encourage you to contact your insurance carrier to determine what coverage they provide for physical therapy.** We cannot guarantee what your insurance carrier will pay. We file insurance claims only with carriers we participate with. You must provide all necessary information for us to assist you with your billing. We will not become involved in disputes between you and your insurance carrier regarding deductibles, co-payments, covered charges, secondary insurance, "usual and customary" charges, etc., other than to supply factual information as necessary. You are responsible for the timely payment of your account. *\*We do not bill tertiary carriers.*

**HMO/PPO/POS:** If you are covered by any of these, your co-payment is due at the time of service.

**MEDICARE:** We are providers for Medicare, and we will take the responsibility of submitting your claim for you. We will bill your secondary insurance if applicable. However, you are responsible for the deductible if it has not been met at the time of service, and the co-insurance if there is no secondary insurance.

**AUTO ACCIDENTS AND PERSONAL INJURY:** If you have been injured due to a motor vehicle accident or from personal injury, please inform us upon registration. Arrangements must be made with the billing department regarding your account.

We accept payment by **cash, check, Visa, MasterCard or Discover.**

***I understand and accept the conditions of this financial policy.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_