

## **Mid-South Physical Therapy**

### **Payment Policy Acknowledgement**

We are committed to providing you with the best possible care. Our fees reflect our professional commitment to excellence. If you have insurance, we are happy to help you receive your maximum allowable benefits. In order to achieve these goals we need your assistance and your understanding of our payment policy. For the convenience of our patients we offer the following methods of payment:

- Payment in full by cash, check, bankcard, or approved payment plan.
- For insured patients, we will accept payment for the initial examination directly from the insurance company for the percentage that the insurance company will cover. We gladly accept insurance assignments, but require that the deductible and non-covered fees be paid at each visit. In the event of a duplicate payment, you will be reimbursed.
- Debit cards, Visa, Mastercard, and Discover are accepted.

Please be aware that any parent/guardian bringing a minor/dependent to our clinic is legally responsible for the payment of all services received.

It is important that you realize, however that...

- Your insurance benefit program is a contract between you, your employer, and the insurance company. We are not a party to that contract. This office files your insurance as a courtesy to you.
- Our fees generally, but not necessarily, fall within the usual and customary fee structure by your carrier.
- Not all physical therapy services are a covered benefit in all contracts.
- You (not the insurance company) are responsible to us for all of the charges for services rendered to you.
- For patients who have insurance, an ESTIMATE and explanation will be given of the benefits that your insurance company quotes to us and is expected to pay. Co-payments/percentages are expected at the time services are rendered.

We will gladly discuss your insurance benefits/treatment and answer any questions you might have as to the involvement of your insurance benefit program in receiving this care. We appreciate the opportunity to serve you.

Patient/responsible party \_\_\_\_\_ Date: \_\_\_\_\_