



Physio Pro, P.C., Payment Policy

Physio Pro P.C. is committed to provide exceptional to care to all our patients. In order to do so we require full patient participation in regards to treatment and billing. Please carefully read our payment policy below and feel free to ask for any clarifications.

1. Proof of insurance: We will require a copy of your photo ID and insurance card prior to your first appointment. Our office must be notified immediately regarding any change of insurance to minimize any additional financial responsibility to the patient. This includes but is not limited to a new insurance company, new insurance card and/or the beginning of a fiscal or benefit year. This is to insure our billing office always has complete and up-to-date information about your insurance.
2. Insurance: Physio Pro participates in most insurance plans. It is *your* responsibility to know if your insurance is accepted at our clinic. Please know there are certain employee plans within a network we accept that does not allow treatment at our clinic. It is again *your* responsibility to know if that includes your plan. If you do not provide your insurance information at the time of service we may require you to self-pay until your information is received. If Your insurance has reached your maximum visit limit, you will be responsible for any self-pay charges incurred. Please check with our front desk for our current rates. Please contact your insurance company with any questions regarding your plan. Our office will verify benefits as a courtesy to all our patients. However, we also strongly encourage our patients to contact their insurance company to ensure the information we are given is accurate. Our office will not be held responsible if your insurance provides inaccurate information.
3. Authorizations/Referrals: Some insurance plans require authorization and/or a referral prior to your initial appointment. It is a patient responsibility to know if either is required by your insurance. It is also a patient responsibility to make sure authorization is in place before each visit. Failure to have a required authorization or referral before an appointment may result in the patient being fully financially responsible for that treatment.
4. Deductibles/Co-Insurance and Co-Payments: Patient's will be responsible for annual deductible, co-insurance and co-payments. Co-payments are due at the time of service and may be subject to a \$5.00 billing administrative fee if not paid. It is our policy to request that patients pay toward their annual deductible and co-insurance rates at the time of service. Your payment will be based on your benefits with your insurance company. In the event your insurance does not have a set collectible amount you will be required to make the minimum payment each visit for your insurance as determined by Physio Pro P.C.. Please check with our front desk in regards to your financial responsibility each visit. **Minor Patients** are still required to make a payment before services are rendered. Please make arrangements if an adult does not accompany the patient at the time of service. Failure to pay before you or your child's visit may require non-emergency appointments to be rescheduled to the *next available* appointment. For your convenience we accept cash, check and all major credit cards. Returned checks will be subject to a \$30.00 non-sufficient funds fee.

5. Non-Covered Services: Please be aware that some, if not all, of your services you receive may be non-covered or not deemed medically necessary by Medicare or other insurers. You must pay for these services and sign any paperwork required by your insurance for these services before you receive them.
6. Claims Submissions and Coverage Changes: Your insurance is a contract between you and your insurance company. Physio Pro, P.C. is not a party to that contract. As a courtesy, Physio Pro P.C. will submit your claims to your insurance company. It is your responsibility to make sure all of your claims are paid. It will be your responsibility to comply with your insurance company if any information is needed from the insurance company to process your claim. If you have any insurance changes Physio Pro must be notified immediately. Failure to provide insurance changes in a timely manner may cause denied claims. Any denied claims will be billed directly to you, the patient.
7. Delinquent Accounts/Refunds: You will have 90 days to pay any balance billed to you. If you do not pay your full balance within 90 days your unpaid balance will be referred to a collection agency. It is your responsibility to pay for any collection costs, including attorney fees. Due to administrative costs involved to process patient refunds, no refunds will be issue under \$30 unless approved by management.
8. Cancellations and No-Shows: We require at least 24 hours notice for cancellations. For cancellations less than 24 hours before your appointment we will charge a \$35 fee. Upon your first no-show you will be charged \$50.00 and upon your second no-show you will be charged \$75.00. If you have no-showed two or more times, Physio Pro P.C. will reserve the right to discharge you from our care. These charges must be paid before you are seen again. Please check in with the front desk periodically or refer to our notices board in the waiting room for any changes. If you are discharged, you will be required to be re-evaluated before you can be seen again. **It is your responsibility to keep track of your appointments.** For your convenience, Physio Pro P.C. offers text message or email appointment reminders. Please notify the front desk if would like to participate.
9. Late Arrivals: Any patient more than 15 minutes late will be required to reschedule to the *next available* appointment unless otherwise approved by the treating therapist. Your appointment is reserved for you and it is essential that you are compliant with your appointments and arrive on time for us to provide the best treatment possible.