

Action Physical Therapy

Patient Notice

Action Physical Therapy will bill your insurance for charges due per each visit. In the event that your insurance does not cover the costs for your treatments, you will be responsible for the charges. We are obligated to charge a minimum of \$95.00 for the initial evaluation, and a minimum of \$75.00 for each visit after the initial evaluation. Your portion of payment would be the remainder of what the insurance does not cover. As a courtesy, we will attempt to preauthorize your physical therapy treatment and determined what your share of cost will be. This does not guarantee reimbursement and you remain responsible for any fees that are not covered by your insurance up to a maximum amount of \$75.00 per visit. Situations that may result in the insurance not covering the minimum payment may be the cost of the deductible on your individual policy, limitations in coverage that do not cover the full cost of a treatment, and/or the inclusion of a copay which may be in excess of a \$75.00 total.

Thank you for your understanding in this matter.

_____ Patient Signature

_____ Date

For Office Use:

Insurance called _____

Deductible due _____

Co-Pay per visit _____

Insurance coverage per visit _____

Actual EOB payment _____