

Billing and Appointment Policies

- We recommend that you become familiar with your physical therapy benefits as outlined in your insurance policy. Often these benefits are limited to a certain number of visits or have a reimbursement cap. Additionally, when your policy renews, these benefits can change and may not be the same as the previous year. As a courtesy, we will make a preliminary call to your insurer to verify your coverage. Any information obtained does not guarantee payment and you are ultimately responsible to pay any balance. We will file your primary claim for you. The filing of any secondary claims is your responsibility.
- Twenty-four (24) hour notice is required for all cancelled appointments. If you fail to adhere to this policy, the following fees will be assessed:

1 st missed appointment	\$ 40.00
2 nd missed appointment	\$ 75.00
3 rd missed appointment	\$105.00

- There will be a \$30.00 charge for any returned checks that we receive. The check amount, plus the fee, must be paid, in cash, prior to any other visits.
- If it is the responsibility of the parent or guardian who accompanies a minor child to our office to ensure that payment is made on the account. We cannot be involved in custody and/or divorce settlements.
- Our one-hour appointments consist of 45 minutes treatment time and 15 minutes that is utilized for management of care, i.e. charting, reports, follow up calls, etc.
- ***I understand that I will be responsible for any procedure not covered by my insurance.**

If you have any questions about your bill, please feel free to contact the billing manager.

I have read and agree to adhere to the policies of Light Touch Physical Therapy.

Signature _____ **Date** _____