

## Financial Policies

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. A clear understanding of our Financial Policy, and your responsibilities is important to our professional relationship.

### Medical Insurance Coverage

Insurance is a contract between you and your insurance company. As a courtesy to you, we will send your claims for physical therapy treatments to your insurance company. We will accept assignment of your insurance. However, your copay / coinsurance, any unpaid deductible, and any charges for services not covered by your insurance plan, are due at the time of service. Patient balances that are more than 30 days overdue may be referred to an outside collections company.

We will help you receive maximum benefits by providing factual information as necessary.

If we are not in your insurance company's network, acceptance of your insurance will be at our discretion. If it is acceptable, we will bill your insurance. Other arrangements may be worked out at our discretion.

If your insurance company has not paid their portion of your treatment charges within 60 days, you then may be billed. You will then have 30 days to pay the balance.

### Worker's Compensation:

We will file worker's compensation claims and accept assignment of their payments. However, if your claim is denied by your worker's compensation carrier, you will be personally responsible for any and all charges. In that case, we will send you a statement and you will have 30 days to pay the balance in your account.

### Minors:

Minor patients should be accompanied by an adult for at least their first visit. The accompanying adult (parent or guardian) should make arrangements for payment of the minor's treatments.

### Insurance Billing

I hereby assign payments of benefits made on my behalf directly to Foothills Physical Therapy Center.

I do hereby give my consent to and authorize Foothills Physical Therapy Center to release to my insurance company such information from my medical records as may be necessary for the completion and processing of my claim. Foothills Physical therapy Center is authorized to furnish this information even though the confidentiality of the information may be protected by Federal and State Laws and Regulations. Foothills Physical Therapy Center is hereby released and discharged of any liability.

**I understand and agree that, regardless of my insurance status, I am ultimately responsible for payment of my account for any professional services rendered. In the event that this account is referred to an outside collection agency, Credit Bureau, or attorney for collection I agree to pay the expenses incurred, according to the 1989 Statutes of the State of Tennessee.**

**I understand the above Financial Policies and agree to the terms herein.**

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Individual responsible for payment of charges

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Date