

**Financial Policy**

Welcome to Body Owners Physical Therapy and Wellness Center. Our staff would like to take the time to help you understand our financial policy. It is essential that you understand the financial involvement before beginning the treatment.

**Payment is expected as services are rendered unless other prior arrangements have been made.** We accept personal checks, VISA, MASTERCARD, DISCOVER, AMEX and cash as forms of payment. Payment plans are welcome for discussion with our office personnel. We will try to provide you with an estimate of cost at the time of treatment. This is an estimate and is not always known exact until after submitting claim(s). Based on your personal insurance plan, the fees are estimated to the best of our ability and there is a possibility you will receive a bill for the remainder of the fees.

If you have insurance we will submit claims on your behalf to your primary and or secondary insurance. After verification of your insurance coverage and benefits, you will be expected to meet your deductible, pay your co pay/coinsurance and any services not covered by your insurance carrier. If we have not received payment from your insurance company within a reasonable amount of time and / or you fail to provide us or the insurance company with requested information to process your claim the balance will then become your responsibility. Invoices are billed on the 15<sup>th</sup> and 30<sup>th</sup> of every month for any obligations that your expected to pay.

Body Owners Physical Therapy **does not bill a fourth party.** We do not bill accounts to lawyers or any other persons. We also do not bill any other person’s insurance company. You are expected to make payments on your account regardless of a third party responsibility and or pending lawsuit. All medical information will be provided to the fourth party upon request.

I hereby authorize Body Owners Physical Therapy to release my records and any medical information necessary to process this claim. \_\_\_\_\_ initials

I authorize payment of medical benefits to Body Owners Physical Therapy and Wellness Center for services rendered. I understand insurance policies are an agreement between an insurance carrier and me. I understand that I am financially responsible for payment of all service rendered unless otherwise provided by law. \_\_\_\_\_ initials

I understand that payment is due in full upon receipt of the billing statement unless to other payment methods have been agreed upon by both parties. Failure to make payment when due can result in the account being turned over to a collection agency and I am responsible for paying interest and all costs of collection efforts including a reasonable attorney’s fee. \_\_\_\_\_ initials

I understand there will be a \$25.00 charge for any returned check and this amount is above the amount over the check and must be paid by money order or cash promptly. \_\_\_\_\_ initials

I have read and agree to the above terms of Body Owners Physical Therapy and Wellness Center’s Financial Policy.

\_\_\_\_\_ Signature \_\_\_\_\_ initials \_\_\_\_\_ Date

If you have any questions please feel free to call us at 305-294-8866 or our billing agent at 678-880-3993