

Financial Policy and Attendance Policy

Mobilize Physical Therapy will bill your insurance for services rendered, but the patient is ultimately responsible for payment of services received. Furthermore, the patient is accountable for understanding their insurance coverage in relation to covered services and is expected to provide Mobilize Physical Therapy with the most current insurance information.

We participate in the majority of regional health plan networks, and bill to in-network insurances only. Your current insurance coverage will be verified and reviewed with you at your initial visit. **Verification of benefits is NOT a guarantee of payment.** Please remember that any changes made to your insurance policy, and the time of year billing is submitted, may affect coverage and reimbursement rates.

Deductible, Co-insurance, and Co-payments are part of your contractual agreement with your insurance company, thus it is our responsibility as participating providers to collect those fees. **Co-payments are due at the time of each visit.** If your insurance company reimburses more than the billed amounts, we will reimburse to you. It is the insurance company that makes the final determination of your eligibility and you are responsible for all charges they do not pay.

Past due accounts: Accounts 60 days or more overdue are considered delinquent. We will make necessary attempts to collect, but beyond 60 days your account may be transferred to a collection agency. In the event your account is transferred to collections, you are responsible for any fees generated by the collection agency as well as any subsequent legal fees incurred on behalf of Mobilize Physical Therapy.

Cash Pay Services: We offer a cash pay discount of 35% per visit. Payment is due at the time of service. An average session with the discount between \$180-\$215.

A returned check fee of \$30.00 will be charged with any check returned by the bank for non-sufficient funds.

Attendance Policy: For any missed appointments/no-shows and late cancellations we impose a fee of \$125. These charges cannot be billed to your insurance company and will be your responsibility. Missed appointment fees must be paid at the next scheduled appointment. If you have missed or late cancelled 3 consecutive appointments, we reserve the right to discharge your course of care.

AUTHORIZATION FOR TREATMENT, FINANCIAL AGREEMENT, & ATTENDANCE POLICY:

I authorize treatment of the patient named below and agree to pay all fees and charges for such treatment. Charges shown on statements are considered to be correct unless notification is received within 30 days of statement date. I agree to pay all charges within 30 days of statement date, unless prior arrangements have been made with the billing office. I agree to assign my insurance benefits to Mobilize Physical Therapy, if applicable. I agree to the attendance policy above.

Name of patient or guardian

Signature of patient or guardian

Date