Company Policy for Financial Arrangement and Insurance

We are committed to providing payment procedures that will maximize your allowable insurance benefits. We, therefore, need your cooperation with, and understanding of, our payment policy.

ProActive Hand and Physical Therapy, LLC participates with a number of HMO's and PPO's. We will process your claim for insurance reimbursement. To do this, we need a completed patient registration form and confirmation of your insurance policy benefits, limits, and annual deductibles. If your deductible has not been met, or your policy requires that you pay a percentage of your health care costs (co-pay), payments are due at the time service is rendered. We accept cash, checks, or Mastercard/VISA.

You will be billed a **returned check fee of $25**. A **past due balance** of more than 30 days may be subject to a collection fee and interest charges of 1.5% per month.

Patients who do **not show for an appointment** without notifying our office prior to the appointment will be charged a $25 fee.

We will discuss your proposed treatment plan and answer questions relating to your insurance. Please consider the following guidelines:

1. Your insurance is a contract between you, (your employer), and the insurance company. We are **not** a party to that contract.
2. Our fees fall within the acceptable range of most insurance companies and therefore are covered up to the maximum allowance determined by each carrier. This applies to most companies who pay a percentage of the usual, customary, and reasonable (U.C.R.) costs. This does not apply to companies whose reimbursement is based on an arbitrary "schedule" of fees which is not applicable to the current standard cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services that they will or will not cover.

Initial _____: Although the use of medical supplies may be necessary as part of your treatment, most insurance companies do not cover their costs. You may be responsible for these charges.

We must emphasize that our financial relationship is with you, not your insurance company. We process patients' insurance claims as a courtesy. All charges for services rendered are your responsibility. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to notify us promptly for assistance in the managing of your payments.

If you have any questions about the above information or any uncertainty regarding your insurance coverage, **PLEASE** do not hesitate to ask us. We are here to help you.

I HAVE READ AND UNDERSTOOD THE ABOVE INFORMATION:

Print Name: _____

Signature: _____ **Date:** _____