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PRACTICE POLICIES

Payment for Office Visits and Office Procedures

Payment is due in full at the time of service for any/all services *not* covered by insurance and for those patients who opt to self-pay for services. If you have insurance, we will verify your physical therapy benefit prior to your initial appointment to help you better understand your coverage. Please note that this information is not a guarantee of coverage and that it is your responsibility to verify the accuracy of your insurance benefits. As a courtesy, we will submit the claims to your insurance company after services are rendered. Any applicable deductible, co-payment and/or co-insurance will be collected at the time of service based on the insurance verification information we receive from your insurance company. Once your claim has been processed by your insurance company, any adjustments to your account will be made if necessary. In some circumstances, this could result in additional payments due or a credit to your account. All bills are due and payable upon receipt of statements. Any patient balance remaining 90 days after receipt of notification or billing statement is subject to interest at a rate of 1.5 percent per month. Account balances that remain unpaid after receipt of final notice statements will be sent to collections and all collection agency service fees will be added to the statement balance and paid for by the patient. Please remember your insurance coverage is an agreement between you and your insurer and any services rendered in our office that your insurance company does *not* cover are *your* responsibility *in full*. If at any time you have questions regarding your payments and/or patient responsibility for services, please contact our front office staff and your insurance company.

Patient Access to Medical Records

In accordance with California Health and Safety Codes, a patient is entitled to a copy of his/her medical records. There is a cost of 25 cents per page plus a clerical fee of fifteen dollars. If at a later time, another copy is requested, there will be an additional fee. Records are to be picked up in this office and must be signed for by the patient or patient's guardian. If this is not possible and the records must be mailed, then an additional fee for postage and handling will be charged. Fees must be paid in full prior to copying and receiving records. Email may not be a secure way to transmit protected health information and therefore, any copy of a patient's medical record will only be sent via email after our office receives consent from the patient or patient's guardian that acknowledges the understanding of this risk *and* indicates approval for this mode of medical records transmission.

Acknowledgement

By signing below, I hereby acknowledge that I have read the above, understand, and agree to the Practice Policies.

Printed Name: _____ Relationship to Patient: _____

Signature: _____ Date: _____