



Excel Physical Therapy Billing Policy

It is important that you have a complete understanding of your financial responsibilities regarding your treatment. **Please read all information relevant to you below and date and sign at the bottom.**

Your Primary Responsibility

You are responsible to know what documents your insurance company requires to pay your claims. If you do not provide us with the required documentation (written order, pre-authorization, etc.) in a timely manner, you are responsible to pay for any claims your insurance does not cover.

Billing Primary Insurance

We will bill your medical insurance company, auto insurance, or worker's compensation claim for your treatment. It is your responsibility to be aware of the physical therapy benefits and limitations of your plan as well as all terms and conditions that apply. This includes coverage restrictions, deductibles, co-pays, and other particularities associated with your plan. Any quote given by our office is not a guarantee of benefits or coverage. If you have a secondary insurance, we will bill them directly. We do NOT bill for any Durable Medical Equipment.

Patient Billing and Co-Pays

Co-pays are due at the time of each visit. Patient statements are sent out once a month. If you are unable to pay the entire balance by the due date indicated on the billing statement, you must contact us immediately to set up a monthly payment plan. Any accounts past 60 days may accrue a 2% administrative fee. Failure to pay your balance or make payment arrangements with our office may result in your account being sent to collections.

Motor Vehicle Collisions

We will bill your Personal Injury Protection Insurance (PIP/MVA) as a courtesy to you. However, you are fully responsible for the bill. If payment has not been made within 30 days, you will be required to make payment arrangements.

Private Pay/No Insurance

Full payment is due at the time of service. There is a reduced charge and payment plans are available. Please see our office for questions.

Scheduling Policy (initial after reading)

We reserve the right to charge \$35.00 and/or discontinue treatment for canceling/no-showing scheduled appointments when 24-hour notice is not kindly given. Cancellation fees cannot be billed to your insurance and will be due prior to the next treatment date.

_____ Please Initial

Payment Options

We accept cash, checks, money orders, Visa and MasterCard. There is a \$30.00 fee for any returned check. Payment arrangements are also available. Please contact us as soon as possible if financial problems arise, we are willing to work out a payment arrangement with you. If an account becomes past due, necessary action will be taken, up to and including collections or legal action.

Guarantee of Payment

I understand that I am financially responsible for all charges whether or not paid by my insurance. I understand that benefits quoted to me are not a guarantee of claim payment. I understand that payment is dependent on my eligibility at the time of service on ALL terms and conditions of my insurance plan. I agree that I will not hold or delay payment if my insurance company denies payment on any of my charges. I understand that I am responsible for any incurred costs on overdue balances including, but not limited to, cancellation fees, legal fees, and collection agency fees.

Patient/Responsible Party Signature _____ Date _____