

AMWELL ORTHOPAEDIC PHYSICAL THERAPY, LLC

Thank you for choosing us as your health care provider. We welcome you to our office. Our staff is dedicated to providing quality care to all patients and we will do our very best to help you achieve your treatment goals. The following is a statement of our financial policy that we require you read and sign prior to any treatment.

We are an acute/sub-acute care facility. If you need treatment beyond six to ten weeks, your therapist and physician will determine whether it is appropriate for you to continue at our facility or if you should be referred to a center that specializes in chronic conditions.

APPOINTMENT/CANCELLATION POLICY

We require **24 hours prior notice** for cancelled appointments. Failure to notify the clinic will result in a **\$25.00 fee**. Cancellation of failure to attend three consecutive appointments will result in discontinuation from the Physical Therapy program. Please be aware that appropriate parties (referring provider, insurance company, case workers) will be notified of the absence.

REGARDING YOUR INSURANCE COVERAGE

Our staff will contact your insurance company and verify your coverage. We will bill your insurance company weekly during your treatment. Statements are sent to all patients monthly. Please review your monthly statement to make sure that your insurance company is processing your claim in a timely manner. Our billing office will be happy to answer any questions you may have. As your insurance pays for each date of service, any balance owed by you will be noted on the statement. This balance is due when you receive your statement. If for any reason you are unable to make this payment, contact our business office immediately. It is our policy to turn past due accounts over to a collection agency unless arrangements have been made. A \$5.00 rebilling fee will be assessed monthly after 90 days without payment.

● **COMMERCIAL INSURANCE**

Patients with commercial insurance must pay deductible if not satisfied. If you are required to pay a percentage of the bill this is due at the time of service.

● **HMO/PPO PROGRAMS (CareFirst, MDIPA, Optimum Choice, Cigna/Prudential, United Healthcare, Alliance, BCBS MD, and PHCS)**

Your insurance carrier allows a certain number of visits per diagnosis. If you need treatment beyond the number of visits or time frame your carrier allows, you may choose to continue your treatment and pay for services rendered your self. Please review your physical therapy benefits as each managed care program has different guidelines. All co-pays are due at the time of service. Please make sure you have the necessary referrals for your health plan.

● **WORKER'S COMPENSATION CASES**

We must be able to verify and authorize treatment for your injury with your workers compensation carrier before any treatment is rendered. If your workers compensation case is denied or contested you will be responsible for payment. If you need treatment beyond what your carrier will allow, you may choose to continue your treatment and pay for services rendered yourself.

● **PIP (Personal Injury Protection) MOTOR VEHICLE ACCIDENT**

We may take direct assignment on your claims and submit bills on your behalf. **Please submit your PIP application promptly.** Your auto carrier may not pay for treatment rendered or pay at a reduced rate. We will expect full payment regardless of coverage. If you have a managed care program you must have a referral from your Primary Care Physician.

● **LITIGATION CASES (AUTO, SLIP & FALL, ETC.)**

If you have an attorney, he/she must sign our Assignment and Authorization before treatment will be rendered.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

I, the undersigned, understand and agree to this financial policy.

Signature of patient or responsible party

Date