

Payment Policy

Thank you for choosing Hamilton Physical Therapy & Sports Rehabilitation Center as your therapy provider. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

- 1. Insurance.** We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. It is also your responsibility to know whether or not pre-authorization is required and if it is, it is your responsibility to get your treatment pre-authorized. Please contact your insurance company with any questions you may have regarding your coverage.
- 2. Co-payments and deductibles.** All co-payments and deductibles must be paid at time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-pay at each visit.
- 3. Non-covered services.** Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.
- 4. Proof of insurance.** All patients must complete our patient information form before seeing the therapist. We must obtain a copy of your current insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.
- 5. Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.
- 6. Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

- 7. Nonpayment.** If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency.
- 8. Self-Pay and deductibles over \$2500.00.** To be sure we receive payment in a timely manner we require your credit card or debit card information. A photocopy or the credit card #, will be obtained from the card of your choice. You are not required to pay for services with a credit/debit card, but if you have not paid your balance due with cash or check by the due date, we will charge your credit/debit card the amount owed in full, the next business day. If on a payment plan, the payment amount will be based on your balance. The copy of the card or card # will be destroyed after payment in full is received. See chart below:

<u>Debt to Hamilton PT</u>	<u>Payment per month</u>
\$0.00 – \$500.00	\$100.00
\$500.00 – 1000.00	\$200.00
\$1000.00 – 2000.00	\$300.00
\$2000.00 – 3000.00	\$600.00
\$3000.00 – 5000.00	\$800.00
\$5000.00 +	\$1000.00

Hamilton Physical Therapy & Sports Rehabilitation Center as a courtesy will attempt to obtain payment from your insurance carrier and/or workman’s compensation plan, motor vehicle insurance. It is our policy to complete an initial claim form and submit it to your carrier. If you have no insurance we do expect payment at the time of service. If monthly payments are necessary, please speak with our billing department.

- 9. Non-Sufficient Funds Checks.** Our policy is to attempt to secure funds from all checks written. If they fail on the first attempt our bank will automatically send it through a second time. If it is returned to us we charge our bank fees. The check would need to be covered by cash, credit card, or money order within 5 business days of our notice or it may be presented to our collection agency.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines:

Signature of patient or responsible party

Date