

PHYSICAL THERAPY ASSOCIATES OF MERCER COUNTY, P.C.

Thank you for choosing us as your physical therapy care provider. We are committed to your treatment being successful. Please read the following information and sign prior to treatment.

CONSENT FOR TREATMENT AND AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Physical Therapy Associates of Mercer County to perform or have performed upon me, or the below named patient, appropriate assessment and treatment procedures. I further authorize the release to appropriate agencies, i.e., physicians, insurance companies, or attorneys, information acquired in the course of my examination and treatment.

OUR FINANCIAL POLICY

If you have medical insurance, we will make every effort to assist you in understanding the extent of your insurance coverage to receive your maximum allowable benefits. Payment for services is due at the time services are rendered unless payment arrangements have been approved in advance by our staff. We ACCEPT CASH, CHECKS, DEBT OR CREDIT WITH THE EXCEPTION OF AMERICAN EXPRESS.

We accept assignment of most insurance benefits as a participating provider. All co-pays and deductibles are due at the time of service. We must emphasize that your insurance policy is a contract between you and your insurance company and we are not party to that contract. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. If your insurance company has not paid your account in full within 60 days, the balance will be billed directly to you.

Returned checks and balances older than 30 days may be subject to additional collection fees of 1 1/2% per month. Charges may be made for broken appointments and appointments canceled without 24 hour advance notice. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Additionally, all non-durable supplies that are often used in physical therapy i.e. splints, lumbar supports, thera-putty etc., are not covered items. Such items are therefore payable at the time they are issued.

****MINOR PATIENTS****

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for the consent of treatment and all payments of services.

I have read the above, I understand and agree to the consent for treatment, assignment of insurance payment, and the payment policy.

Patient Name _____
(Please Print)

x _____ Date _____
Signature of patient or responsible party

(If you have any questions or concerns, please speak to the billing manager)