

## BLASER PHYSICAL THERAPY

### CREDIT & ASSIGNMENT OF BENEFITS POLICY

Our credit policy is designed to provide a clear understanding that the patient/guarantor is ultimately responsible for payment of all medical services. Because of our primary responsibility to provide the patient with the best possible medical treatment, while making every effort to effectively control rising medical costs, we expect payment at time of service for all non-insured patients, plan deductibles, and co-pays. Payment can be charged to your credit card. We participate with most major insurance providers and, as a courtesy, will submit all valid insurance claims to the appropriate insurance company in a timely fashion. Blaser Physical Therapy, Inc. is very sensitive to situations in which special payment arrangements may be necessary. These cases are handled on an individual basis and must be approved by the Billing Department before treatment is rendered. All unpaid patient responsible balances not paid in 30 days (except for qualified pending insurance claims) will be assessed a finance charge of 1.5% (18% annual rate) per month of the unpaid balance and 33.3% attorney's fee if referred to an attorney for collection. The guarantor and/or patient shall be responsible for all costs incurred to collect any unpaid balances. There is also a \$50.00 charge to the guarantor/patient for each returned check.

### APPOINTMENT POLICY

**If you are unable to keep a scheduled appointment, we ask that you give us at least 24 hours notice. Late cancellations and "No Shows" for a regular visit appointment are charged a \$50.00 fee. A "No Show" or late cancellation for an evaluation appointment will be charged a \$75.00 fee.** Your insurance will not reimburse these charges. We recognize that unforeseen situations occur, therefore we will allow for one courtesy cancellation or no show.

### RECORDS RELEASE

I/We hereby authorize Blaser Physical Therapy, Inc., its agent(s), any insurance company or doctor, my attorney or legal representative, to furnish any information to, or request from such designates any and all requested information concerning my illness or injury. Medical and/or financial records will be maintained for six years from the last date of service.

### KNOW YOUR INSURANCE COVERAGE AND BENEFITS

**Your health insurance is a contract between you and your health insurance plan(s). It is your responsibility to know the amount of your co-payment and for understanding your health insurance benefit coverage, referral and authorization requirements. Please be aware that individual contracts have huge variances on what is or is not covered, and the percentage or dollar amount at which procedures are covered. *Blaser Physical Therapy is not and will not be held responsible for knowing or tracking your benefits, or limitations of your benefit plan.*** **This is your responsibility so please contact your insurance company to better understand your Physical Therapy benefits. Our Insurance Department will gladly assist you with phone numbers to contact your insurance company, if they are not on the back of your insurance card.**

I/We understand that it is my responsibility to pay any balance accrued (due to insurance co-payments, co-insurance, deductibles, termination of coverage, non-covered services by my insurance carrier, maxed benefits, etc). I agree to pay all charges within 30 days or be subject to the penalties as stated above.

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Signature of Patient/Parent/Legal Guardian

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Date