

# BLASER PHYSICAL THERAPY

## 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. **Payment is due at time of service for all non-insured patients, co-pays, and supplies.** 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. 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. If your account is referred to an attorney for collection there is 33.3% attorney fee. We accept all major credit cards and checks. There is a \$50.00 charge to the guarantor/patient for each returned check.

## KNOW YOUR INSURANCE COVERAGE AND BENEFITS

I/We certify that I (or my dependent(s)) have active and valid insurance coverage and have supplied Blaser Physical Therapy with the up-to-date and correct insurance identification card(s). Your health insurance is a contract between you and your health insurance plan(s). It is your responsibility to know your co-payment, understand your 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 will not be held responsible for knowing or tracking your benefits, or limitations of your benefit plan.* Please contact your insurance company to better understand your Physical Therapy benefits.

## 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.

## 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.

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Signature of Patient/Parent/Legal Guardian

Date