ASPIRE PHYSICAL THERAPY & SPORTS MEDICINE
FINANCIAL POLICY

INSURANCE: As a courtesy to you, we will bill your insurance company. Please provide us with your insurance card and any additional information we may need. We recommend that you contact your insurance company to verify physical therapy benefit coverage. **It is your responsibility to know your policy benefits and limitations.**

Our billing office is available to answer questions you may have regarding our billing procedure. Please contact Janelle at (425) 334-7115 with billing inquiries.

PAYMENT INFORMATION: Insurance co-payments are due on the date of service. Any portion of your treatment that is not covered by your insurance becomes your responsibility and is due within 30 days. Interest may be charged at a rate of 1% per month (12% annually) for unpaid balances over 30 days old. A $35 fee will be charged for all checks returned as insufficient funds. We accept cash and personal (in-state) checks as methods of payment.

SUPPLIES: Supplies may be purchased by the patient and are payable at the time of service. We will provide you with a receipt so you may seek reimbursement from your insurance company.

CANCELLATION/MISSED APPOINTMENT POLICY: We are happy to reschedule your appointments when a conflict occurs; however, we do request 24-hour notice be given prior to a change in your appointment.
Failure to attend your scheduled appointment (without prior notice) may result in a $50 fee. This fee is not covered by insurance and will appear on your next statement.
Failure to show for 3 scheduled visits may result in same-day appointments only.

Thank you for allowing us the opportunity to serve you. If you have questions about the above information or any uncertainty regarding your insurance coverage, please do not hesitate to ask for our assistance.

I have read and understand the **ASPIRE PHYSICAL THERAPY** Financial Policy. I agree to assign insurance benefits to **ASPIRE PHYSICAL THERAPY** practice whenever necessary.

Patient Signature:_____**Date:**_____