



### ***Financial Policies***

Thank you for choosing Woerner Physical Therapy for your rehabilitation needs. We appreciate that you have entrusted us with your health care and are committed to providing you with the best patient care possible. Please carefully read through the following financial information.

Because healthcare benefits and coverage options have become increasingly complex, we have developed these policies to help you better understand your responsibilities as a patient and eliminate any unnecessary confusion. We will do our best to assist you with understanding your proposed treatment and in answering questions related to submitting your insurance claim for reimbursement. Ultimately, it is your responsibility to know your insurance benefits, but as a courtesy to you we verify all patient benefits before initial visit. Also, our information regarding patient benefits is only as good as what your insurance company provides to us.

Adhering to these policies will enable us to focus increased attention on providing quality rehabilitative services to our patients and run our clinic more efficiently.

**UPDATES: It is important that we have your correct information on file. Please advise us anytime there is any change to your address, telephone or other contact information. If you are issued a new insurance card please allow us to take a copy of it for your file. If your insurance changes or discontinues mid-treatment, please notify us immediately so there is no delay in billing.**

### **INSURANCE COVERAGE:**

As a service to our patients, Woerner Physical Therapy is more than happy to directly bill your insurance for services rendered, but it is our policy that the patient is ultimately responsible for payment of the services received from Woerner Physical Therapy. Furthermore, the patient is responsible for understanding their insurance coverage in relation to covered services and is responsible for providing WPT with the most current insurance information.

We are an out of network clinic other than for Medicare, and we are Preferred Providers for Tricare. As a courtesy we will bill on patients out of network benefits. We make every attempt to verify your current insurance coverage. Verification of benefits is **NOT** a guarantee of payment. Information we collect includes: effective dates, deductibles, co-payments and co-insurance amounts. Debbie Hillaker will try and review this information with you before your first visit. If you are unfamiliar with any of the terms used to explain your insurance benefits, please don't hesitate to ask one of our staff members.

Please remember that any changes made to your insurance policy, and the time of year billing is submitted, may affect coverage and reimbursement rates. We do not routinely research why an insurance carrier has not paid or why it paid less than anticipated.

Payment for services is due at time of service, but if your insurance provider sends us a payment we will either apply it to your account or forward the check to you.

**MEDICARE:** Our therapists are participating providers with Medicare, and we will attempt to bill Medicare as well as any supplemental insurance company provided. Physical therapy is a covered service up to \$2100 per year, and you are financially responsible for any co-insurance or annual deductible as applicable.

**RETURNED CHECKS:** A \$30 NSF (non-sufficient funds) fee will be charged for any checks returned to our office because of insufficient funds. If we receive a returned check, we will notify the patient or responsible party immediately and request that a cash payment be brought to one of our locations within 24 hours to replace the full amount of the check.

**COLLECTIONS:** If your account is more than 90 days past due, without an established payment plan on file, we will begin immediate collection actions. We will charge any card on file to collect any outstanding balances. We will begin assessing your account a 3% finance charge, based on your remaining balance, unless you have a payment plan in place. If you do not pay your bill following our internal collection efforts, your account will be sent to an outside collection agency. If your account is sent to a collection agency, you will need to contact them directly to settle your balances.

**REFUNDS:** A refund is issued when an overpayment have been identified. If you feel a refund is due, please contact our billing office at 682-235-3816 or email [marie@woernerphysicaltherapy.com](mailto:marie@woernerphysicaltherapy.com)

#### **AUTHORIZATION FOR TREATMENT & FINANCIAL AGREEMENT**

I authorize treatment and agree to pay all fees and charges for such treatment. Charges shown on statements are considered to be correct unless notification is received within 30 days of statement date. I agree to pay all charges within 30 days of statement date, unless prior arrangements have been made with the billing office. I agree to assign my insurance benefits

If you have any questions in regard to the following information please do not hesitate to ask any of our staff members.

#### **AUTHORIZATION TO FILE CLAIM**

Should my insurance company fail to comply with state laws and timely filing limits, I authorized Woerner Physical Therapy to contact the State Insurance Commissioner to file a claim on my behalf. By filing a claim we can assist the state in identifying problematic situations and companies with a propensity for delaying or selectively reducing claim payment.

I have read and agree to the above information.

Patient or Patient's Guardian, signature.

---

Signature

---

Date