

Rehabilitation Physicians Inc. | Financial Policies

Thank you for choosing **Rehabilitation Physicians Inc.** As your medical provider, we are committed to providing you with quality and affordable health care. We have developed this payment policy to address questions regarding patient and insurance responsibility for the services we provide. Please read it, feel free to ask us any question you may have and sign in the space provided. A copy will be provided to you upon request.

1. Insurance. We participate in most insurance plans, including Medicare. At the time of each patient visit, we ask that you provide us with an up-to-date insurance card. If you are not insured by a plan with which we participate, payment in full is expected at each visit. If you are insured by a plan with which we participate, payment may be required in full until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

2. Co-payment, co-insurances, and deductibles. For commercial insurance plans, all co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Should we have to bill you for your co-payments, you may be charged an additional \$12.00 fee for statement processing.

3. Non-covered services. Please be aware that some, and perhaps all, of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You may be required to complete an Advance Beneficiary Notice of non-coverage to acknowledge receipt of these services and to assume the associated financial responsibility for these services.

4. Proof of Insurance. All patients must complete our patient information form prior to any services being provided. We ask that you bring with you at the time of each visit a copy of your current valid insurance as proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for payment in full for the services provided to you.

5. HMO and specialist referral. Rehabilitation Physicians Inc. is a specialist medical practice. Therefore, if you are a patient with an HMO insurance plan, you must have a referral to our office for treatment from your Primary Care Physician (PCP). If you do not have a referral there will be a \$12.00 fee.

6. Claims submission. We will submit your claims to your insurance company and we are happy to assist you in any way we reasonably can to ensure that your claims are paid. However, your insurance company may need you to provide them with certain information directly and it is your responsibility to respond promptly to their request. Please be aware that if you fail to do so, your insurance company may not pay the claim and we will be required to bill you for the full amount of the claim. Please remember, your insurance benefit is a contract between you and your insurance company. **Rehabilitation Physicians Inc.** is not a party to that contract.

7. Coverage changes. If your insurance changes, please notify us before your next visit so we can make the appropriate change in your billing records to help you receive maximum benefits.

8. Nonpayment. If your account is over 90 days past due, you will receive a letter stating that you have 30 days to pay your account in full. You are encouraged to pay your balance in full. However, if you are unable to pay in full **Rehabilitation Physicians Inc.** is willing to work with you to establish a payment plan to assist in paying an open account balance. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you will be responsible for any collection and legal fees incurred in the process.

9. Telephone Consumer Protection Act (TCPA). In order for us to service your account, or to collect monies you owe, **Rehabilitation Physicians Inc.** and/or our agents may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to us. Methods of contact may include pre-recorded voice messages and/or use of automatic dialing service, as applicable.

10. Missed appointments. If you no-show for your appointment or have a late cancellation with less than 24 hours notice, you will be charged a \$35.00 fee. If you miss multiple appointments, you may be discharged from the practice for non-compliance. Please help us to serve you better by keeping your regularly scheduled appointment or by contacting us at least 24 hours prior to your scheduled appointment to reschedule.

11. Payment for services performed. Our office accepts Bank Debit Cards and Visa, MasterCard, Discover, and American Express Credit Cards for your convenience, as well as cash or checks. Returned checks may be subject to a \$35.00 service charge. Multiple returned checks will result in being required to pay with cash or credit card only.

Signature of patient or responsible party

Date

Print Name

Date of Birth