

## Welcome to HEALTHY FOCUS Physical Therapy

**Insurance Information:** 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. **It is your responsibility to know your policy benefits and limitations.** Our billing office is available to answer questions you have regarding our billing procedures.

**Payment Options:** We accept personal checks, cash, Visa and MasterCard. **Insurance co-payments are due at each visit.** Any portion of your treatment that is not covered by your insurance becomes your responsibility. A \$25 fee will be charged for all checks returned as insufficient funds.

**Workers Compensation Claims:** We will bill your **open**, approved worker's compensation claim. Please be advised that in the event that your claim is denied, you are financially responsible for all charges.

**Supplies:** Supplies purchased by the patient are payable at the time they are received. We will provide you with a receipt so that you may seek reimbursement from your insurance company.

**Scheduling:** Please consider your schedule and make arrangements so that you can attend all of your scheduled appointments. We are happy to reschedule your appointments when a conflict occurs; however we will enforce our policy of \$50 for no shows and cancels without 24 hour notice. If you fail to show for 2 consecutive sessions, we will consider discharge from care at that time. If your insurance is Labor & Industry your claims manager will be notified about the missed visits, and you will be discharged from care.

**Non-Discrimination:** Admission to our clinic is non-discriminatory for services rendered, regardless of race, color, national origin, disability or age. All clients who come to our clinic for services are protected against discrimination assured by Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.

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

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Patient Signature

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Date