

## Financial Policy

Accepted forms of payment are cash, checks, Visa, MasterCard, and insurance.

**We are happy to contact your insurance company to confirm your insurance benefits as a courtesy to you. However, it is your responsibility to make sure that you understand the details and limitations of your insurance policy. It will benefit you to confirm that you are eligible for the services that you require before you begin care.**

We can submit insurance claims for you if your plan has out-of-network benefits or we are contracted with your plan; however, insurance is a contract between you and your insurance company. You are ultimately financially responsible for any balance due our office.

We are currently contracted with Premera, Lifewise, Cigna, and Aetna. For all other health plans we are considered out-of-network providers and claims are processed accordingly.

Any balance remaining after your insurance has processed claims will be billed to you. Claims not processed within 120 days will also be billed to you. If late claims are eventually paid, any overpayments will be promptly refunded.

If you have a deductible, payment for treatment will be required at the time of service until your deductible has been met for the year.

We bill for all medically necessary services including infrared heat therapy and manual therapy. Some insurance plans may process these services under your physical therapy or other benefits and/or pass some charges on to you for non-covered service. You may decline these modalities at any time. We are happy to answer any questions you may have.

A 1.5% interest charge will be added to overdue balances monthly.

**A \$60 fee is charged for missed appointments and cancellations with less than 24 hours' notice.**

Our fees: Billed rates vary depending upon time and complexity. Our current fee schedule is available upon request. A discount is offered for payment in full at the time of service. Many patients with out-of-network benefits prefer to pay the discount rates and then submit their own insurance claims for reimbursement.

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Patient Signature

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Date