



FINANCIAL & INSURANCE BILLING POLICY

You are responsible for payment of the fees for physical therapy services we provide to you, including any fees your insurance company does not cover.

PLEASE NOTE: We are under contract with Medicare, Regence Blue Cross Blue Shield and Lifewise.

TO BE CERTAIN WHAT YOUR INSURANCE WILL COVER, you should phone your insurance company and ask what “outpatient physical therapy” benefits your plan will pay to Jacksonville Physical Therapy. To help you determine your financial responsibility we have an Insurance Verification form, a copy of which may be requested, or you may download from www.jacksonvillephysicaltherapy.com.

If you have a concern about financial matters, or questions about our usual fees, please feel free to ask us.

IF YOU ARE UNABLE TO ATTEND A SCHEDULED VISIT:

Please let us know as soon as you can. Missed appointments without notification, or late cancellations – where we cannot fill the vacated appointment time – are a significant inconvenience to other patients, and we incur the cost of reserving that time for you.

For such missed appointments, you will be billed personally, not your insurance company. The fee is \$24 for the first occurrence, \$48 for the second and \$72 for the third occurrence plus cancellation of any further appointments.

Agreement:

I understand and agree to abide by this policy and to pay promptly when billed.

Patient's signature _____ Date _____

Guarantor's signature _____ Date _____

A copy of this policy has been given to the patient by: _____

Jacksonville Physical Therapy