

Jacksonville Physical Therapy

FINANCIAL & INSURANCE BILLING POLICY

Co-pays are payable upon check-in.

You are responsible for payment of the fees for physical therapy services we provide to you. As a courtesy, we will bill your insurance company, but you are responsible for any fees your insurance does not cover. *(If a check is returned by the bank, a fee will be charged to you.)*

TO BE CERTAIN WHAT YOUR INSURANCE WILL COVER: please phone your insurance company and ask what physical therapy benefits your plan will pay to Jacksonville Physical Therapy.

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 \$50 personally. Your insurance company will not pay this fee.

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