



Revised 01.2021

FINANCIAL POLICY AND ASSIGNMENT OF BENEFITS

At *North Bay Therapy* we are dedicated to providing you the highest quality of care and expert service. It is important to us that you understand our financial policy. If you have any questions about your account, charges, payments or insurance coverage, please speak to our office manager.

PAYMENT POLICY: Payment is expected at the time of services rendered. We accept cash, checks, VISA, MasterCard, American Express, and Discover. If you are unable to pay at the time of service, please see the Office Manager to discuss payment options.

MEDICARE PATIENTS: We are a participating Medicare Part B provider. We will bill Medicare and your supplemental carrier (if applicable). Medicare has a Physical Therapy cap of \$2,110 and a deductible of \$203 for the year 2021. Medicare does not pay for supplies or durable medical equipment provided by Physical Therapists. In the event it is required to issue you a supply not covered by Medicare, you will be asked at that time to sign a Medicare Waiver Statement and pay for the supply.

THIRD PARTY INJURIES/LIABILITY/MVA: If you are involved in a liability/third party injury, payment in full is required at the time of service, unless a Letter of Protection is on file or other arrangements have been made prior to your initial visit. You will be asked to sign a lien, and ultimately you are financially responsible for all physical therapy charges incurred.

WORKER'S COMPENSATION: If you are involved in a work-related injury the following information is needed and will need to be verified prior to your initial visit: worker's compensation carrier name and claims address, adjuster's name and telephone number, claim number, area of injury and date of injury. We will bill your Worker's Compensation carrier for services rendered as long as authorization/approval has been obtained from the carrier. As a Worker's Compensation patient, please acknowledge that *North Bay Therapy* is mandated to report patients who do not follow the therapist's prescribed plan of care. If reported for non-compliance, it may result in a loss of benefits.

INSURANCE COVERAGE: As a courtesy to you, we will obtain insurance information and bill your insurance. We will need to collect the **co-payment/co-insurance** and deductible at the time services are rendered. The balance of your account is your financial responsibility regardless of your insurance coverage. Your insurance company will not guarantee benefits or payment until they actually receive and process the claim. If you have any questions regarding coverage or pre-certification requirements, please refer to your insurance booklet or contact your insurance company directly. In accordance to contract regulations, copays and coinsurances CANNOT be waived, but you can set up a payment plan with our Office Manager.

I hereby instruct and direct my insurance company to pay North Bay Therapy for the professional or medical expense benefits allowable and payable under my current insurance policy as payment toward the total charges for services rendered. THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY. A photocopy of this assignment shall be considered as effective and valid as the original. I also authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in the case.

I have read and understand the financial policy of North Bay Therapy. I also understand that the benefits given by my insurance company are not a guarantee of payment, and I will be responsible for services not paid or covered by my insurance and understand that I may receive a bill. If there is an overpayment, North Bay Therapy will issue a refund check.

I fully understand and consent to this care and treatment.

Signature of Patient or Parent if Minor _____

Date _____