

AUTHORIZATION POLICY STATEMENT

We would like to thank you for choosing Peak Physical Therapy and Wellness, INC and allowing us to provide your healthcare needs. The policies listed herein have been approved by the management with the goal of providing the finest care and service to our patients at the least cost.

Care delivered by this facility will be administered regardless of race, color, creed, social status, national origin, handicap or gender.

We are committed to providing you with the best possible care. In order to accomplish this, we need your assistance in reading and understanding financial responsibility and our payment policy.

RESPONSIBILITY FOR THE BILL

It is the expectation that all patients/guarantors receiving services are financially responsible for the timely payment of the charges incurred. While the clinic will file verified insurance for payment of the bill(s) as a courtesy to the patient, the patient/guarantor is ultimately responsible for payment and agrees to pay the account(s) in accordance with the regular rates and terms of the clinic in effect at the present time.

POINT OF SERVICE COLLECTIONS

Payment for service is due at the time to service(s) is rendered and non-emergency services may be declined until the necessary payment arrangements have been accomplished.

Payment will be accepted in cash, checks, Master/VISA card. We will be happy to file verified insurance on your behalf. Patients unable to comply with the Point-of-Service payment policy will be referred to the administrative office for necessary arrangements.

PAYMENT ARRANGEMENTS

The clinic will make a reasonable effort to assist patients in meeting their financial obligations. Financial arrangement for payments will be made at the clinic's discretion, based on the amount of the patient's liability and the patient's ability to pay based on a completed credit application.

PATIENT SCHEDULING

Every effort will be made to schedule the patient at the patient's convenience. Patients will be advised of the clinic payment policy at the time appointments are made along with the best estimate of the cost of the office visit.

ACCEPTANCE OF INSURANCE

The clinic will accept "Assignment of Benefits" on verified insurance policies and submit a bill to the carrier on the patient's behalf. It is understood that insurance is filed as a courtesy to the patient and does not relieve the patient of financial responsibility. Claims filed will be held 45 days pending payment. The patient/guarantor will be responsible for payment in full on all the claims not paid within the allowed period of time.

VERIFICATION OF INSURANCE

Because of the wide range of insurance plans in effect, the clinic will verify insurance coverage, deductibles and other limits, prior to the acceptance of payment for services.

AUTHORIZATION WAIVER

Please make sure you have called your Primary Care Physician or your Insurance Carrier to confirm that authorization is in place for these services. Authorization can only be generated by your primary physician, as we do not wish for you to pay for these services yourself.

REJECTED CLAIM

Our staff is trained to assist you with insurance questions. **COVERAGE ISSUES** can only be addressed by your employer or group health administrator. Although our assistance is available, we cannot act as a mediator on your behalf.