



Billing Policy

We at Olympic Physical Therapy want you to know that your health and well-being is our primary concern. In order to continue to provide you with the best service possible, we ask your cooperation with the following billing policies:

- We require 24 hours notice when canceling or rescheduling your appointment. No-shows and late cancellations will be charged \$35. We understand that emergencies and unforeseen illnesses do occur, but we ask that you respect this policy.
- Payment of co-pays and co-insurance is due at the time services are rendered unless prior arrangements have been made. We accept cash, checks, MasterCard and Visa.
- We accept most insurance as a courtesy to you. Please understand that some insurance companies may not cover all services. Please check with your insurance company to determine your coverage. We will be happy to help you process your insurance claim form. Please bring a completed form with you to your first visit.
- Your insurance is a contract between you, your employer, and your insurance company. We are not a party to that contract.
- Our fees are generally considered usual, reasonable, and customary by most companies except those who reimburse on an arbitrary fee schedule which bears no relationship to the current standards of the cost of care for this area.
- For our Medicare patients: Please note that as of January 1st, 2006, Medicare requires you to pay a \$124 deductible. After this is met you are responsible for a 20% co-insurance.
- Your outstanding balance needs to be paid in its entirety within 60 days of the "date of service" unless prior arrangements are made with us.

We strive to provide you the best possible treatment so that you may recover quickly. We hope that you will follow these guidelines in meeting your financial obligations to Olympic Physical Therapy.

I agree to abide by the above billing policy and authorize Olympic Physical Therapy to bill my insurance and accept payment.

Signature of Patient or Legal Guardian (if under 18)

Date