



Financial Policy Statement

It is our policy to bill your insurance carrier or provider of medical benefits as a courtesy to you, although you are responsible for the entire bill when the services are rendered. Required co-payments and estimated co-insurances are to be made as services are rendered and arrangements are to be made for payment of all amounts not covered by your medical benefits or estimated co-insurances as soon as those amounts are known. If your medical benefits are not paid within sixty (60) days, the balance will be due in full from you.

All co-insurance percentages paid at the time of service are estimated. Your actual liability may be more. You are responsible for any difference between the estimated and actual co-insurance due. In the event that your liability was less than charged, CPT will refund any overpayment.

If any payments of medical benefits are made directly to you for services rendered by Clinton Physical Therapy, you must promptly remit such payment directly to Clinton Physical Therapy.

If you are a Workers' Compensation patient the above policy does not apply to you. Be advised, however, that you may be responsible for your charges if your Workers' Compensation claim is successfully controverted.

If you fail to make timely payment for any amount for which you are responsible, you will be responsible for all costs of collection, including court costs, collection agency fees and/or a reasonable attorney fee.

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE WRITTEN STATEMENTS.

X _____ DATE: _____