

SECONDARY INSURANCE

If you have secondary insurance you must present it at your initial visit. The same policies apply to the use of secondary insurance. You are responsible for the accuracy of the insurance information we use to submit the claim, and you are ultimately responsible for the full payment of your bill.

MINORS

A parent or legal guardian must accompany the minor patient at the time of the initial visit. The parent or legal guardian is responsible for full payment as outlined in the above financial policy. If the parents are separated and both legally responsible for the child, you must provide complete information from both parents. The parent or legal guardian that accompanies the minor patient to the clinic will have full responsibility for the payment should any dispute arise.

PERSONAL INJURY, LIABILITY, AUTO OR INVOLVEMENT OF AN ATTORNEY

You need to complete and sign all of the patient registration forms. You must still provide us a copy of your personal insurance card. We may also need a physician's written referral for these cases. In the event your claims are denied by the liability carrier or that the personal injury protection benefits are exhausted, we will file claims with your personal health insurance policy. If your personal insurance policy denies the claim for any reason, you are responsible for the full payment of your bill.

YOUR STATEMENTS

Patient statements will be mailed out monthly. As a courtesy, PT Plus will submit claims to your health insurance company after each visit, and we will apply payments received to your account. If needed, we will re-submit these claims to ensure payment of your benefit for covered services. In the event that repeated submission of claims does not satisfy your bill for services rendered, you will be responsible for the full payment of your bill. In addition, any remaining balance after your health insurance has paid is your responsibility.

DISPUTES

Our financial Policy is designed to promote due diligence and a proactive rather than reactive strategy. With your participation, this policy will minimize and potentially eliminate errors, miscommunication, and bad information with regard to your insurance or other financial arrangement for payment. We will not become involved in disputes between you and your insurance company regarding, but not limited to, deductibles, coinsurance, co-payments, covered services, pre-authorization and usual and customary charges.

PAYMENTS

We accept cash, check, VISA, MasterCard, and Discover. There will be a \$30.00 service charge for all returned checks. If you have insurance, balances will be considered current from the initial date your insurance pays its portion. After that, there is a 60-day grace period to pay your portion of the services. After that 60-day period, your account may be turned over to a collection agency. Payment arrangements may be made on patients' accounts based on a review of circumstances and approval by the PTPPT billing office. We generally do not extend payment plans to patients who have failed to make timely payments in the past. PTPPT's billing office patient financial representative may authorize installment payments following the practice's minimum payment guidelines below:

Account Balance	Minimum Monthly Payment
\$100 or less	\$25.00
\$250 or less	\$50.00
\$251 - \$500	\$75.00
\$501 - \$1,000	\$100.00
Over \$1,000	10%

COLLECTIONS

We will work with you to avoid sending your account to collections. In the event you default on your account, your account will be turned over to a collection agency.

FINANCIAL HARDSHIP

For indigent, uninsured or under-insured patients, PT Plus may reduce or eliminate the patient's financial responsibility for medically necessary and appropriate treatment on a case-by-case basis where the patient qualifies under our financial hardship guidelines. The Patient Financial Hardship Application must be completed. This application can be requested from the clinic or the PT Plus billing office.

PAYMENTS DUE AT THE TIME OF SERVICE

- **Co-pays** that are required by your insurance policy are due at the time of service.
- If your **deductible** has not been met, PT Plus requests a minimum payment of \$100.00 toward your policy's deductible.