

# Ascent Therapy Clinics

## FINANCIAL POLICY

Thank you for choosing ASCENT THERAPY CLINICS. To avoid future misunderstanding, we require that you read, complete, and sign all forms prior to treatment. Should you have any questions, please ask a staff member for clarification.

### INSURANCE

Your insurance policy is a contract between you and your insurance company. As a courtesy, we will bill your primary insurance carrier. In addition, we will bill your secondary carrier *ONLY IF YOU HAVE MEDICARE AS YOUR PRIMARY PAYOR* and we are properly informed of such coverage at the onset of services. If we are not notified of such coverage initially, it will be the patient's responsibility to pay for their secondary portion and seek reimbursement personally. If primary insurance information presented at onset of treatment is invalid or terminated, it will be the patient's responsibility to pay for all costs incurred for service and re-bill their active policy personally.

Should your insurance company coverage change during the course of treatment, it is your responsibility to present your new insurance card as well as request and complete a new insurance information sheet for our records (prior to the change over date). This will be necessary to ensure continued coverage of therapy services under the new policy. If such information is not volunteered for proper verification of benefits, the patient will be liable for all incurred costs.

ASCENT THERAPY CLINICS is a managed care provider for selected insurance companies. All co-payments or non-covered insurance benefits, including deductibles, and co-insurance percentages are the responsibility of the patient. We are a participating Medicare Provider. You are responsible for your deductible and co-insurance responsibility if no secondary coverage is present. **Co-payments are due at the time of service.**

In the event that an insurance company makes check(s) directly payable to you (the patient) and/or the clinic, you must endorse the check(s) and present it (them), along with associated explanation of benefits, to the clinic bookkeeper within 7 days of receipt.

For the patients that are being treated under our Direct Access plan (without health insurance), all payments are due at the time of service unless payment arrangements are made prior to the first visit.

The patient agrees and acknowledges that he or she is ultimately responsible for the payment of his or her physical therapy services that have been rendered. Ascent Therapy agrees to assist the patient with pursuing collection through his or her insurance company or companies, but if unsuccessful in obtaining reimbursement for the patient's medical bills, the patient is ultimately responsible for his or her bills. Patient accounts that are past due beyond 60 days from the initial statement date will be assessed a 15% interest rate. Patient accounts that are delinquent and must be turned over to collections will be assessed an additional \$15.00 collection fee, and patient may be responsible for any additional attorney fees and collection costs.

### RESPONSIBLE PARTY

Person responsible for payment: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number of responsible party: \_\_\_\_\_

Address of responsible party: \_\_\_\_\_

If patient is under 18 years of age:

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### METHODS OF PAYMENT

To make it easier for Ascent Therapy patients to fulfill their financial commitments, we offer several options for acceptable payment solutions: cash, check, or Visa/MasterCard. There will be a \$15.00 service charge for all returned checks.

**Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Signature of Patient or Person Financially Responsible for Service)