



## **PAYMENT TERMS AND CONDITIONS**

Thank you for choosing TEAM Physical Therapy P.C! We are committed to providing you with the highest quality healthcare. Please understand that payment of your bill is part of this treatment and we appreciate your attention to our payment terms.

### **Financial Policy and Insurance**

Current insurance information is required at the time of service, including an insurance identification card and any referral/authorization that may be required. Failure to present the required insurance information will result in the patient being asked to pay at the time of service. If you have questions regarding your insurance coverage after your first visit please contact your insurance company and/or our office at 308-872-5111. Patients are responsible for knowledge of specific coverage guidelines and requirements pertaining to their health plan.

### **Treatment to Minors**

A parent/legal guardian must accompany minors (under 19 years of age) on the patient's first visit to sign paperwork. The accompanying adult who consents to the treatment is responsible for payment on the account. We do not want be involved in separation/divorce disputes.

### **Accepted Payment Types**

We accept cash, checks, Visa, Master and Discover cards.

### **Payment on Account**

TEAM Physical Therapy offers a self-pay rate that is expected to be paid at the time of service if you do not have insurance. All insurance co-payments are required to be paid at the time of service. We will submit your visit to your insurance and a statement will be sent to you monthly after your insurance has processed the claim. The amount due listed on your statement is due by the 28<sup>th</sup> of the same month. An interest fee of 1.33% will be added each month until the balance is paid in full by 6 months.

If you are unable to pay the entire statement balance, payment plans are available and must be approved by the Billing Manager and CFO. A contract monthly payment plan will be devised and the account balance must be paid within 6 months of the last day of service to prevent the account from being passed to a collection agency. Monthly payment amount will be determined by dividing balance by 6 months plus the monthly fee of 1.33%. If any payment is missed or late the account will be due on full immediately to avoid the account being turned over to Credit Bureau Collection Agency. Contact the billing manager for specific details.

Included in our new evaluation paper work will be a copy of the financial policy and each time a patient completes admission paperwork they will have a place to sign that they have received and reviewed the financial policy.