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INSURANCE AND FINANCIAL POLICIES

PLEASE READ AND INITIAL BOTH SIDES

INSURANCE:

In many cases we will be able to call to verify your coverage during your first visit. **If benefits cannot be determined at the time of service and/or if there is any doubt regarding your coverage, a payment plan will need to be setup prior to or at time of appointment.** If your insurance company remits payment, you will be reimbursed when we receive payment. **It is important to understand that a verbal confirmation of coverage over the phone from the insurance company does not guarantee payment.**

In some cases, care agreed to be medically indicated by the physician and the patient may not be covered by insurance (for example: pre-existing conditions, etc.) Please check with your insurance company to see if there are any exclusions in your policy.

Initial Here: _____

Please note that it is the patient's responsibility to pay for visits and procedures not paid by insurance within a usual and customary time frame (30-60 days). If we are having trouble getting payment from your insurance company within this time frame and you would like us to continue to pursue billing your insurance company, we will require verbal confirmation from you.

Initial Here: _____

LATE CANCELLATION/ MISSED APPOINTMENTS:

There will be a \$40.00 charge for all no-show and/or appointment cancellations with less than 24 hours notice. Please note that we place appointment reminder calls as a *courtesy*. Even if you do not receive a reminder call prior to your appointment, you are still responsible for coming to the appointment or the missed appointment fee will still apply.

Initial Here: _____

METHODS OF PAYMENT:

We accept cash, checks, Visa, MasterCard, and American Express. **There is a \$25.00 fee for returned check to cover bank fees.** We understand that on occasion, financial problems may affect timely payment of your account. If such a situation arises, please contact our office promptly so payment arrangements can be made.

Initial Here: _____

BALANCES NOT PAID OR HAVING HAD PAYMENTS WITHIN 60 DAYS:

If your patient responsibility balance goes beyond 60 days without payment, your account may be transferred to TRANSWORLD for collection purposes. Additionally, you may be charged a \$20.00 late penalty fee to pay for incurred processing fees.

Initial Here: _____

OVER →

AUTHORIZATION:

- I have read the above information and agree regardless of my insurance status to be responsible for the balance of my account. I agree to pay the co-pay, co-insurance, any remaining balance my insurance deems to be patient responsibility, any fee for services rendered that are not covered by my insurance. I agree to notify this office should there be any change in my insurance coverage.
- I authorize the release of any medical or other information necessary to process any claims.
- I authorize payment of medical benefits to Everybody Physical Therapy for all services rendered.

PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE:

Name (please print): _____

Signature: _____ Date: _____