SandhillsPT FINANCIAL POLICY

Revised: 09/06/11

Personal Health Insurance

If your treatment will be covered by your personal health insurance carrier, please present your insurance card(s) at the time of your initial visit. Please inform our office of any changes to your insurance that may arise during your treatment. As a courtesy, we will gladly file medical claims for you. Any co-pays are due at the time of each visit.

Covered benefits vary between plans, and it is important you are aware of the benefits allowed for physical therapy under your policy. It is your responsibility to understand he limitations and exclusions of your policy. We will be glad to help you better understand your benefits, if you need assistance.

Medicare

In order to file your medical claims with Medicare, we must have a written authorization from your medical physician before treatment. Please present your card along with your supplemental insurance at your first visit. If a balance is remaining after Medicare and supplemental insurance have paid, the balance is the responsibility of the patient.

Medicaid

The patient must provide us with a current copy of their Medicaid card in order for us to file claims to Nebraska Department of Health and Human Services. Share of cost and co-pays are the responsibility of the patient and must be paid in full.

Workers Compensation

Any patient claiming works compensation must bring notice from their employer to their first appointment. Work's Compensation claims which are denied or contested become the responsibility of the patient and will be due in full or may be submitted to the patients personal Health Insurance. It is the responsibility of the patient to keep our office informed of the status of the Works Compensation claim.

Liability Claims

As a courtesy, we will file liability claims on behalf of the patient if medical pay is available. Primary responsibility for payment, however, is with the patient. Cases involving legal representation are treated as a self-pay responsibility and are due upon receipt of the statement.

Financial Agreement

As a patient and/or responsible party, you alone are responsible for payment in full of all allowable expenses related to your physical therapy. Statements are sent out on a monthly basis and are due in full upon receipt. If at any time you have to pay less than the full balance, you must contact our billing office at 308-520-8680.

There is a $25.00 fee on all insufficient funds.

The undersigned certifies that he/she has read all of our office financial policies, and is the patient or is duly authorized by or on behalf of the patient to execute the above and accept its terms.

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Patient or Parent/Legal Guardian's Signature **Date**