

Financial Responsibility and Cancellation Policy

Financial Responsibility

My primary responsibility is to help my patients achieve optimal health through physical therapy treatments. I wish to spend my time and energy toward that end. I do also want to help make the financial aspect of your recovery as stress-free as possible, thus I am happy to be a preferred provider for most of the major health insurance carriers. As a courtesy to you, my billing assistant will contact your insurance for your benefits. This information is only an interpretation and is not a guarantee of payment or coverage.

If there are any changes in your insurance, please let me know immediately so we can submit your claim properly. As a patient of mine, it is ultimately your responsibility to know and recognize your insurance benefits. You are responsible for payment of deductibles, coinsurance and co-pays at each visit. Coinsurance and deductibles vary for each insurance policy and we can only approximate the percentage covered by each plan. Not all physical therapy services are covered by insurance. Dry needling (CPT codes 20560 and 20561) is not covered by insurance. A fee of \$35 will be charged directly to the insured patient if dry needling is performed at a visit. This fee is included in the out of network visit cost. You will be receiving monthly statements with any balances remaining after your insurance company has been billed.

24 Hour Cancellation Policy

I have created a clinic practice to guarantee personalized one-on-one care for all treatment sessions, which ensures the highest quality of physical therapy care possible. Due to this one-on-one scheduling, missed appointments are a significant inconvenience for me as well as for my other patients.

I reserve your treatment session appointment time just for you. I never double-book patients so that I may provide focused and individualized sessions, which optimizes treatment outcomes for my patients. You notifying me of your cancellation allows me to offer that time to another patient.

Please provide me with 24-hour notice to change or cancel an appointment by texting or calling me at 678-208-7787. Patients who do not attend a scheduled appointment or do not provide 24-hour notice to change a scheduled appointment are subject to a \$50.00 cancellation fee. This charge cannot be billed to insurance and must be paid on or before the next scheduled appointment. I appreciate your understanding.

I have read, understand, and agree to abide by the Financial Responsibility and Cancellation Policy:

Print Name: _____

Signature: _____

Date: _____