Financial Policy

Thank you for choosing Bodywise Physical Therapy as your health care provider. We are sincerely committed to providing you with a successful and pleasurable treatment experience. Please understand that payment of your bill is considered part of your treatment and that this financial policy obligates you to provide full payment of your bill. All patients are required to establish financial arrangement for payment of their account and complete all provided forms before they are treated by our staff. As a courtesy, we will verify your insurance coverage and bill your insurance provider on your behalf. However, please understand that your insurance policy is a contract between you and your insurance provider. **You are responsible for any outstanding balances that are not covered by your insurance provider.**

Patient Insurance:

We require your co-payment and/or deductible payment at the time of treatment. In the event that your insurance changes to a plan in which Bodywise Physical Therapy is not a participating provider, you will be responsible for the full amount that is billed for your services. Bodywise Physical Therapy will not become involved in any disputes between you and your insurance provider regarding deductibles, co-payments, covered charges, "usual and customary" charges other than to supply factual information as requested.

If you receive payment from your insurance provider for services rendered by Bodywise Physical Therapy, you are required to reimburse Bodywise Physical Therapy the full payment amount at the time of receipt. If you default on any balance owed to Bodywise Physical Therapy and it becomes necessary for Bodywise Physical Therapy to engage the services of an attorney, collection agency or other lawful method of collection, you will be responsible for the original balance owed and reimburse Bodywise Physical Therapy for all costs incurred by it in the collection of said debt.

I am allowing a photocopy of my signature to be used for insurance purposes. I also authorize my insurance company to pay directly to Bodywise Physical Therapy the amount due me in my pending claim for insurance.

Missed Appointments:

Our policy is to charge $25.00 for any missed appointments that are not cancelled at least 24 hours in advance and this fee will become the responsibility of the patient and not billed to your insurance provider.

Late Fee:

A $15.00 per month late fee is assessed on all unpaid patient responsibility balances that are greater than 30 days.

Minors:

The parent or guardian accompanying a minor is responsible for payment.

Auto Insurance:

We will submit claims to your MedPay with your auto insurance. If you do not have MedPay, we will submit claims to your health insurance. Bodywise Physical Therapy does not accept letters of protection.

Consent to Treat and Authorization to Release Information:

I hereby authorize Bodywise Physical Therapy, through its appropriate personnel, to perform the evaluation and treatment procedures that are deemed necessary by my physician and physical therapist in the treatment of my condition. I further authorize Bodywise Physical Therapy to furnish and/or disclose my personally identifiable health information to the appropriate agencies for the purpose of billing.

I have had the opportunity to review the Bodywise Physical Therapy Privacy Notice prior to signing this consent. I understand that I have the right to request restrictions on the uses and disclosures of my protected health information for treatment, payment and healthcare operations, but Bodywise Physical Therapy is not required to agree to such a request. If Bodywise Physical Therapy does agree to my request, the restrictions will be binding.

I have read the above Financial Policy and agree that I am responsible for the balance of my account for any professional services rendered by Bodywise Physical Therapy.

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Patient / Authorized Representative Signature **Date**