

PAYMENT POLICY

Our therapist and staff are very concerned about the rising cost of healthcare. Considerable care has been taken in the setting of our fees. We want to assure you that your charges **accurately reflect the complexity of the care rendered and the skill and expertise required.**

IN-NETWORK HMO/PPO MEMBERS:

If you are a member of an HMO or PPO in which we participate, your deductible and or co-pay are required at the time of service. Upon completion of therapy and after all payments are received from the insurance company, any remaining balance will be the patients responsibility, which is determined not exceed the allowed amount as per contract guidelines.

OUT-OF-NETWORK OR INDEMNITY POLICIES:

We cannot allow the payments or 'allowances' of insurance companies to set our reasonable fees for your services, due to the fact that many insurance companies have chosen to use 'usual and customary' methods to limit the amount of payment for services rendered. Therefore **YOU WILL BE RESPONSIBLE FOR THE CHARGED AMOUNT NOT COVERED BY YOUR INSURANCE COMPANY.** To assist you, we will file your insurance claims for services rendered, we require the patient to pay for all co-payments, co-insurance, deductibles and or supplies at the time of service. Upon completion of therapy and after all payments are received from the insurance company, any remaining balance will be the patients responsibility.

GEORGIA STATE LAW REQUIRES WRITTEN ORDERS FOR THERAPY, and it is your responsibility to obtain a prescription from your doctor. In the event an order is not secured, our office & your insurance company may hold you responsible for all charges.

Although we will assist you by submitting your claims to your insurance carrier, **you are ultimately responsible for the payment of the services you receive.** Payment to our office is neither contingent nor dependent upon you insurance. If your insurance company has failed to make payment within 45 days our office will notify you. It will then become necessary that you establish contact with your insurance company for notification of such delays in processing. At 60 days, if your insurance company has not made payment for services, it becomes your obligation to make payment to our office and you can then recover the amount from them. Upon completion of therapy and after all of the claims have been processed any remaining balance will be the patients responsibility. ****For PPO members your responsibility is determined not to exceed the allowed amount as per contract guidelines. NOTE: OUR AGREEMENT IS WITH YOU NOT YOUR INSURANCE COMPANY**

You will be responsible for a \$25.00 fee for all appointments cancelled without 24 hours notice. In your interest we accept all Visa, MC& Discover cards. Returned checks will receive a \$30.00 overdraft charge. A monthly service charge may be applied to accounts past due, which is 60 days from the date of service. A collection agency or attorney may be utilized for a delinquent account.

By signature hereto I have read and acknowledge my financial responsibility for any and all charges owed to Donald J. Crochet, RPT under this policy.

Patient Signature _____ Date _____