



Absolute Rehab Therapy
A.R.T. in Motion

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Absolute Rehab Therapy
6971 N. Federal Highway Ste 305
Boca Raton FL 33487

Financial Policy Out of Network Insurance Agreement

Absolute Rehab Therapy is out-of-network for all insurances other than Medicare.

Our practice provides specialized physical therapy services with a Certified Functional Manual Therapist. In order to ensure that the services provided for by our expert clinicians remain on a one-on-one basis, we are unable to contract with individual insurance companies.

- Your initial session will consist of a comprehensive evaluation. Treatment will be administered, as determined by the clinical presentation and results of the initial evaluation.
- The fee for services rendered on your initial visit is \$150.00. Treatment is always included during your first session and depending on the services provided will determine the total cost of what will be billed to your insurance company. Typically, the initial evaluation with treatment will range in price of \$310.00-\$410.00. The visit will be a 55-minute session. The type of treatment administered in the allotted time following the evaluation determines the variability in fee.
- Follow up visits consist of 4 units of service (15 minutes increments) and are billed out at \$70.00 per unit = \$280 for a 60-minute session.

As a courtesy, Absolute Rehab Therapy will verify the insurance benefits on your behalf, prior to the start of care. As an out of network provider, we are unable to determine the specific fee schedule of each individual insurance company until the insurance claim is processed. Your insurance carrier calculates and reimburses your claim based on your insurance carrier's fee schedule, your deductible and the specific individual plan you have opted for.

Please be advised that your insurance company may not reimburse the full amount of Absolute Rehab Therapy's fee schedule.

Responsibility for Payment:

All amounts not reimbursed by the insurance company remains the sole responsibility of the patient.

Absolute Rehab Therapy requires credit card authorization to be kept on file. Payments due are to be paid in full at the time the services are being rendered, unless other arrangements have been made and indicated herewith in writing. After the deductible is met all fees not reimbursed by your insurance company remains your responsibility. Invoice statements will be remitted to you on a monthly basis, for any balance remaining on your account, once the claims have processed.

Should you have extenuating circumstances, please discuss this with our office upon your initial visit. All efforts will be attempted to provide you with an appropriate solution.

We look forward to making your experience at Absolute Rehab Therapy a positive and lasting one, in order for you to achieve your rehab goals.

Please initial ALL fields:

_____ I hereby direct Absolute Rehab Therapy to submit claims to my insurance company for treatment of services rendered to me. Payments are to be made directly to Absolute Rehab Therapy.

_____ I understand that payment is due in full within 30 days of receipt of invoice, unless prior arrangements are created in a written agreement between Absolute Rehab Therapy and me.

_____ I understand that I am ultimately responsible for all fees of services rendered to me at Absolute Rehab Therapy, without attachment to the results.

_____ I understand that if efforts to collect any outstanding amount due to Absolute Rehab Therapy, requires the intervention of a Collection Company, all fees associated with this will be my responsibility.

_____ I have read, understand and agree upon all of the terms and conditions explained above.

Patient Name: _____

Date: _____

Signature: _____

OFFICE USE ONLY:

Special Arrangements: _____

Authorized & Agreed By: _____ **Date:** _____