

OUR POLICY REGARDING HEALTH INSURANCE

Whether you have purchased health insurance on your own or your employer has provided it for you, you are fortunate to have it and we will help you maximize your benefits provided by your specific plan. **We file insurance claims as a service provided without charge, but this does not relieve you of the responsibility for your bill.** The insurance company usually only pays a percentage of the fee, and the percentage varies from plan to plan. Your health insurance is not designed to pay the entire cost of your treatment, but is intended to cover a certain portion of the cost. A better term for health insurance may be “health assistance.”

Please remember that the financial obligation for treatment is between you and this office. It is not between us and the insurance company.

On rare occasions, a health insurance plan will require a “predetermination” or “prior authorization” for treatment, though most insurance companies do not require this. If they do, we will be happy to submit a treatment plan to your insurance carrier upon request. In order for us to submit a file for your claim, we ask that you provide the following:

- 1. YOUR INSURANCE MEMBER CARD(S) [PRIMARY AND SECONDARY]**
- 2. DRIVER’S LICENSE OR OTHER FORM OF PICTURE ID**

By signing below the patient agrees to the following:

I authorize the release of information related to my treatment to my insurance company(ies). I also understand that my payments are to be made directly to Garden Ridge Physical Therapy and Wellness, and furthermore understand that all amounts not paid by my insurance company(ies) are **my responsibility**. Payment for services not rendered by insurance company(ies) must be paid by me within 90 days of receiving the bill. If not paid, interest shall accrue on all sums due or found to be due under this agreement at the rate of 1.5% per month on the unpaid balance. If payment under this agreement is referred to an attorney for collection purposes, it is expressly agreed that Garden Ridge Physical Therapy and Wellness Center shall be entitled to recover from the other party reasonable attorney fees and associated collection expenses. If judgment shall be rendered on a suit brought under this agreement, interest shall accrue on such judgment until such judgment is satisfied at the contract rate stated above. Additionally, a fee of \$25.00 will be charged for any non-sufficient funds (NSF) check returned.

Signature of Patient

Date