DYNATEST, INC.

Financial Policy

Thank you for choosing Dynatest, Inc. as your physical therapy care provider. We are committed to providing you with the best possible treatment. Please understand that payment of your bill is considered a part of your care. The following is a statement of our Financial Payment Policy which we require you to read and sign prior to any treatment.

Regarding Insurance

If you have insurance coverage with one of the insurance plans we are contracted with, we will bill your insurance company according to the guidelines of our participating contract. As a courtesy to our patients we will submit all claims to the appropriate insurance party. All deductibles and co-pays/coinsurance will be deemed patient responsibility and will be billed to the patient.

If the claim is to be covered by an employer or work comp insurance, we require authorization prior to services. This insures that claims are submitted timely and accurately. If authorization is denied, then we will submit claims to the patient's personal insurance. As physical therapy providers our relationship is with you, not your worker's compensation provider. It is ultimately the patient's responsibility to establish their work comp claim. We will then verify the information provided.

If the claim is covered by a motor vehicle policy due to an MVA, we will ask that you provide your adjustor's contact information and a claim number. This will insure that the claims are submitted timely and accurately. Once the auto policy has been exhausted we will submit claims to the patient's personal insurance with a copy of the exhaustion letter.

We **DO NOT** submit claims to attorneys. If the claims are in litigation, we will consider the balance the patient's responsibility. If any information is needed by an attorney, you can sign a Medical Release Form and we will gladly provide the necessary information.

While the filing of insurance claims is a courtesy we extend to our patients, all charges are the responsibility of the patient from the date services are rendered. Please be aware that some, and perhaps all, of the services provided may be non-covered services or considered unreasonable/unnecessary under the Medicare Program and/or other medical insurance policies.

Please understand that your selection of insurance coverage is a contract between you and the insurance company. We are no party to that contract.

We do require that our patients provide an up-to-date copy of their insurance card and any necessary referrals at the time of service. If you are unable to provide this information, you will be required to pay for the services rendered that day.

If you are not covered by an insurance policy, a payment policy will be set up to assist you.

Regarding Payment

We gladly accept payment via cash, check, or credit card. Return checks will be subject to an additional $35 service fee.

If a statement is rendered, you are responsible for prompt payment or settling any dispute with your insurance company within 30 days. If your claim is pending litigation, it is your responsibility to keep your account current until a final decision is rendered.

If your account remains inactive (no payment or communication) for 90 days, it will be turned over to the collection agency. Any interest, court costs, or other related collection fees incurred will be patient responsibility.

If you have any questions regarding this information, please don't hesitate to ask. We are here to help you.

I hereby understand the financial policy of this office. I guarantee payment of all charges incurred for the account of below named patient.

Patient Name:_____(please print)

Patient/Guardian Signature:_____ **Date of Signature:**____/____/____